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Notice of Independent Review Decision

DATE OF REVIEW: July 29, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Low pressure discogram at L4-L5 and L5-S1 (62290)

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION

Fellow American Academy of Orthopedic Surgeons

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld (Agree)

Medical documentation does not support the medical necessity of Low pressure discogram at L4-L5 and L5-S1 (62290)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Utilization reviews (06/04/08 & 06/23/08)
- Office notes (05/19/08)
- Radiodiagnostics (08/10/07 – 08/16/07)
- Utilization reviews (06/04/08 & 06/23/08)

Office notes (06/19/07 - 05/19/08)
Radiodiagnostics (06/19/07 – 08/16/07)
Medical reviews (12/17/07 - 02/11/08)
DDE report (12/17/07)
BHI 2 study (05/19/08)
Utilization reviews (06/04/08 & 06/23/08)

ODG Treatment Guidelines Chapter Low Back was used for denials

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a xx-year-old male injured his back on xx/xx/xx, while working as an . He was trying to load a car door onto a dolly and turned holding the door off the floor when he felt pain in his lower back radiating up into the thoracic spine as well as into his left buttock.

Initially, the patient had complaints of thoracic spine. X-rays of thoracic spine revealed mild scoliosis. He was given medications, and was placed into a physical therapy (PT) program, and was kept off-work. X-rays of the lumbar spine were unremarkable. Magnetic resonance imaging (MRI) of the thoracic spine revealed minimal degenerative changes at T5 and T6. MRI of the lumbar spine revealed minimal disc bulge at L5-S1 and a 4 mm right L4-L5 facet joint synovial cyst.

In December 2007, , M.D., an orthopedic surgeon, noted tenderness in the lumbar paraspinal musculature, painful and limited range of motion (ROM) of the lumbosacral spine, and positive right straight leg raising (SLR) test. X-rays of the thoracic and lumbar spine were unremarkable. Dr. assessed lumbar discogenic pain and prescribed hydrocodone, Feldene, Zanaflex, and Neurontin. However, the patient did not feel better with the medications and Dr. recommended proceeding with the lumbar epidural steroid injection (ESI). In a designated doctor examination (DDE) , M.D., did not place the patient at maximum medical improvement (MMI) due to ongoing treatment with the orthopedic surgeon. The patient was allowed to return to work in a restricted duty.

The requests for the lumbar ESI were denied and a review by the independent review organization (IRO) upheld the denials. Dr. recommended psychological screening to pursue surgical intervention. In a Battery of Health Improvement 2 (BHI 2), the patient demonstrated: Very low self disclosure, very low depression, low anxiety, extremely low hostility, very low border line, very low symptom dependency, low substance abuse, very high perseverance, extremely low family dysfunction, low survivor of violence, and very low doctor dissatisfaction. The evaluator stated as: *"Patients with this profile disclosed a remarkably low level of psychological problems, which was so low it was seen in only 2% of patient and only the lowest 11% of patients who were asked to fake good. Although this could indicate that the patient is remarkably well adjusted and carefree and that his life is free of any significant dysfunction, it could also indicate a distinct tendency to under report problem. Such patients may avoid introspection, lack psychological mindedness, and have great difficulty recognizing psychological concerns."*

On May 19, 2008, Dr. reviewed the BHI 2 report. He stated that the only thing that stood out was high peak pain scores which given the normal results from all other scales, simply indicated that the patient was pursuing high levels of pain. He stated, "The official disability guidelines (ODG) include mechanical back pain as one of the indications for discectomy and fusion. The indications for fusions are that the pain generated are identified and treated. However, without the discogram, we are unable to identify all of the pain generatives; however, the patient has already had extensive physical medicine as well as oral anti-inflammatories and back schooling. His pathology is limited to one level and he has done very well with the psychological screen today, so the patient agrees to

not smoke for the six weeks prior to any propose surgery and for six month later.” Dr. recommended low pressure lumbar discogram at L4-L5 and L5-S1 followed by a computerized tomography (CT).

On June 4, 2008, , M.D., denied the request for the lumbar discogram/CT with the following rationale: *“The request for a lumbar discogram with post CT scan is not seen as medically indicated. The imaging studies submitted for review do not support any retrolisthesis or significant disc bulges. Only a minimal disc bulge at L5-S1 without central canal or neural foraminal narrowing, was reported. There is limited physical examination reported from the May 19, 2008, progress note. Based on the clinical information submitted, a lumbar discogram with post CT scan is not seen as medically indicated. Based on the clinical information provided, this patient does not appear to be an appropriate surgical candidate at this time.”*

On June 23, 2008, , M.D., denied the request for reconsideration of the lumbar discogram/CT with the following rationale: *“Based on the clinical information provide, the appeal request for lumbar CT discogram is not recommended as medically indicated. MRI of the lumbar spine revealed minimal disc bulge at L5-S1 with no evidence of spinal stenosis, foraminal narrowing or nerve root compression. There is no evidence of flexion/extension film showing instability of the lumbar spine. Clinical examination noted no neurologic deficits. Per ODG, recent high quality studies have significantly questioned the use of discography results as a pre operative indication for intradiscal electrothermal therapy (IDET) or spinal fusion. Even the current clinical data, there does not appear to be a surgical lesion and discogram is not medically necessary.*

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.

The patient is a xx year old male who injured his back on xx/xx/xx. Imaging studies included an MRI of the lumbar spine with minimal disc bulges at L5-S1 and a 4 mm right L4-5 facet joint synovial cyst. The patient’s physician is recommending possible surgery at L5-S1. There have been no lower levels of care including injection therapy. Physical examination and radiographic examination shows no instability at L5-S1. MRI scan shows no findings of a surgical lesion. Per ODG guidelines, high quality studies have questioned the use of discography as a preoperative indication for spine fusion. Imaging studies do not appear to show a surgical lesion and a discogram is not necessary. I agree with the opinions of , M.D., and , M.D.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**