



IMED, INC.

1701 N. Greenville Ave. • Suite 202 • Richardson, Texas 75081
Office 972-381-9282 • Toll Free 1-877-333-7374 • Fax 972-250-4584
e-mail: imeddallas@msn.com

Notice of Independent Review Decision

DATE OF REVIEW: 07/14/08

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Item in dispute: Lumbar discogram

72295 – X-ray of lower spine discs

62290 – Inject for spine disc x

72132 – Ct lumbar spine with dye

09956 – ASC Facility Service

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

Board Certified Neurosurgeon

REVIEW OUTCOME

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

Denial Upheld

A lumbar discogram is not medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Clinical notes, Dr., dated 02/02/08, 04/28/08, 05/28/08, 06/03/08, 06/06/08, & 06/18/08
2. CT Myelogram dated 03/19/08
3. Utilization Review Determination dated 05/28/08
4. Utilization Review Determination dated 06/11/08
5. ***Official Disability Guidelines***

PATIENT CLINICAL HISTORY (SUMMARY):

The employee is a xx year old female who was reported to have sustained an injury to her low back on xx/xx/xx as a result of lifting a 25 pound box and twisting.

The employee is currently under the care of Dr. The clinic note dated 04/28/08 indicated that the employee previously underwent a myelogram on 03/19/08, which revealed a bilobed L4-L5 disc protrusion with a central component as well as a separate left L4-L5 neural foramina component. The protrusion was worse with weight bearing.

The employee was referred for psychological evaluation, which revealed no contraindication for surgery or lumbar discography.

Lumbar discography was ordered and subsequently cancelled due to an exacerbation of low back pain.

The employee was subsequently referred for CT scan of the lumbar spine to make sure she did not have an extruded fragment.

The employee was treated with a Medrol Dosepak, which was reported to have helped; however, at this time she continues to complain of significant low back left buttock and left leg pain. The employee has been using a cane to ambulate due to a worsening of her condition. She currently rates her pain as 8/10 in both the low back and left leg. The employee has undergone a course of physical therapy which did not help. The employee received one lumbar epidural steroid injection which did not help. The employee currently takes Hydrocodone and uses a Lidoderm patch. She has also been taking Pamelor and Relafen. Upon physical examination, the employee had an antalgic gait and uses a cane. Straight leg raise on the left at 40 to 45 degrees produced low back and left buttock pain. Straight leg raise on the right at 45 degrees produced low back pain. Motor examination revealed 4/5 left EHL weakness and dorsiflexion weakness. Sensory examination revealed hypoesthesia to pain over the left foot. Reflexes at the knees were 2+ and symmetric and at the right ankle 1 and the left ankle 1/2.

CT of the lumbar spine dated 04/28/08 is reviewed. There was further deterioration of the L5-S1 disc space with 2.0 mm combined disc protrusion and spondylosis, asymmetric toward the left. This produced borderline impingement of the dural sac and reached the left S1 nerve root sleeve. Retrodisplacing the left S1 reaching slightly. There were marginal osteophytes that projected into the foramina at L5-S1 impinging on the exiting nerve root sleeves, right worse than left. At L4-L5, there was a 2.0 mm central disc protrusion. A separate left L4-L5 foraminal disc protrusion with mild ventral dural deformity. Mid sagittal dural diameter was 9-10 mm.

The records included a utilization review determination dated 05/28/08. This appeared to have been performed by Dr. Dr. noted that there were no abnormal electrodiagnostic findings reported in the available medical documentation and opined that a lumbar discogram was not considered medically necessary at that time.

The records included a letter of medical necessity dated 06/03/08. Dr. reported that the employee had been treated conservatively but was not improved. He noted a CT scan of the lumbar spine dated 04/28/08. He reported that the employee was being considered for surgery and had requested lumbar discogram to confirm her pain generators. Dr. indicated that he was trying to isolate her pain generators to determine if the employee needed a one level or two level surgery. Dr. requested lumbar discography at L3-L4, L4-L5 and L5-S1 with L3-L4 acting as control.

The employee was seen in follow-up on 06/06/08. At that time, the employee continued to experience low back and left leg pain. Dr. indicated discography was denied. Upon examination, the employee had a very antalgic gait and favored the left leg. Straight leg raise was positive on the left at 45 degrees producing left buttock pain. Straight leg raise was positive on the right to 70 degrees producing right lower back pain. There was EHL and dorsiflexion weakness graded as 4/5. There were hypoesthesia in the dorsum of the left foot. The employee's oral medications were changed, and the employee was subsequently again referred for lumbar discography.

On 06/11/08, this case was reviewed by Dr. Dr. denied the appeal. Dr. reported that there was no documentation of consistent evidence-based guidelines supporting the use of discography in the evaluation and management of the cited injury. Dr. reported evidence-based guidelines criteria necessary to support the medical necessity of the requested lumbar discogram at L3-L4, L4-L5 and L5-S1.

The employee was seen in follow-up on 06/18/08. At that time, she continued to complain of low back and left leg pain. Her clinical information was unchanged. Her physical examination was unchanged. A CT of the lumbar spine was again discussed. The employee was diagnosed with a left L5 and left S1 radiculopathy, a central and left L4-L5 disc protrusion, and a 2.0 mm combined disc protrusion and spondylosis at L5-S1. Dr. reported that the employee had severe intractable pain, and she wanted to proceed with surgery. Dr. reported the employee was a candidate for a left L4-L5 and L5-S1 micro lumbar discectomy.

The employee has been scheduled for surgery on 07/08/08, and she has undergone a psychological evaluation and testing performed by Dr. on 03/07/08. It was reported that Dr. noted that there were no contraindications to surgery.

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

The request for lumbar discography is not supported by the clinical information. I would concur with the two previous reviews; however, for entirely different reasons.

The available medical record indicates that the employee initially sustained an injury while lifting a 25 pound box and twisting. The employee has undergone myelography on 03/19/08, which indicated a bilobed L4-L5 disc protrusion with a central component as well as a separate left L4-L5 neural foraminal component. The employee subsequently has additionally undergone CT of the lumbar spine which indicated deterioration of the L5-S1 disc with a 2.0 mm combined disc protrusion and spondylosis asymmetric towards the left. This produced borderline impingement of the dural sac and reached the left S1 nerve root, retrodisplacing the left S1 nerve root slightly. In multiple notes, Dr. indicated that the employee had previously been referred for psychiatric evaluation and received clearance provided by Dr., however, this note has not been included in any of the reviews. Current evidence-based guidelines do not recommend lumbar discography as part of a preoperative indication for either IDET or spinal fusion. It is reported that recent studies have significantly questioned the use of discography. It is reported that these studies have suggested that reproduction of the employee's specific back complaints on injection of one or more discs (concordance of symptoms is of limited diagnostic value.) It is further reported that findings of discography have not been shown to consistently correlate well with the findings of a high intensity zone on MRI.

Discography may be justified if the decision has already been made to perform a spinal fusion in a negative discogram could rule out the need for fusion, but a positive discogram in itself would not allow a fusion. If considered, the **Official Disability Guidelines** require that the employee undergo a preoperative psychiatric evaluation, and that there are documented satisfactory results from the detailed psychosocial assessment. While this record is alluded to in Dr. clinical notes, he has not submitted the psychosocial evaluation performed by Dr.. It should further be noted that Dr. most recent clinical note dated 06/18/08 indicated that he has amended his treatment plan and has subsequently recommended that the employee undergo a left L4-L5 and a left L5-S1 micro lumbar discectomy. This information would eliminate the need for lumbar discography.

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

1. The ***Official Disability Guidelines***, 11th Edition, The Work Loss Data Institute.
2. The ***American College of Occupational and Environmental Medicine Guidelines***; Chapter 12.