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**Notice of Independent Review Decision**

**DATE OF REVIEW:** 06/09/2008

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

CT Cervical Diskogram

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

This case was reviewed by a Texas licensed MD, specializing in Orthopedic Surgery. The physician advisor has the following additional qualifications, if applicable:

ABMS Orthopaedic Surgery

**REVIEW OUTCOME:**

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

Upheld

<b>Health Care Service(s) in Dispute</b>	<b>CPT Codes</b>	<b>Date of Service(s)</b>	<b>Outcome of Independent Review</b>
CT Cervical Diskogram	72285	-	Upheld

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The request is for a cervical discogram/CT. The requesting physician is Dr

History:

The patient is a xx year old lady with persistent neck pain. She had a C5-6 ACDF based on an MRI showing a small right posterolateral disc/osteophyte complex protrusion with mild right foraminal narrowing and no definite nerve impingement. Of clinical significance was that her pain was on the left, opposite the mild MRI findings. She had degenerative changes at multiple levels. She apparently continued with neck pain and a follow up MRI was done. Reportedly per her surgeon there was an anular C4-5 tear (report not available for review). Date of injury was xx/xx/xx. Physical findings were not listed. Conservative treatment was not listed.

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

This xx year old lady has had chronic pain since xx/xx/xx; she more likely than not presents with significant psychosocial issues. She underwent C5-6 ACDF for mild MRI changes that were not corroborated by her clinical symptoms. Now 8-9 months post-fusion she continues with neck pain (it should be noted that her LBP has gotten also worse). The doctor is improved by the anular C4-5 tear. However, bulges, protrusions and anular tears are seen in 10-80% of asymptomatic subjects undergoing investigational imaging studies (JBJS, Vol-A, supplement-2, pgs 2-24, April 2006). Physical signs are not listed to indicate a neurological change and conservative care is not documented. Discography remains a controversial diagnostic tool because it does not consistently identify the

symptomatic high intensity zone (ACOEM, Chapter 12, 2004) and (ODG, 2007 update). Moreover, patients with abnormal psychological profile are known to have high false positive discogram findings. For this reason psychological screening to include an MMPI-2 to be done prior to discography. Discography has been found also to be positive in asymptomatic subjects (Carragee, 2002) and, thus, lacks specificity.

Therefore, based upon the above rationale and peer-reviewed guidelines the request for cervical discography is not certified.

Not recommended. Conflicting evidence exists in this area, though some recent studies condemn its use as a preoperative indication for IDET or Fusion, and indicate that discography may produce symptoms in control groups more than a year later, especially in those with emotional and chronic pain problems. ([Carragee, 2000](#)) ([Carragee2, 2000](#)) ([Bigos, 1999](#)) ([Grubb, 2000](#)) ([Zeidman, 1995](#)) Cervical discography has been used to assist in determining the specific level or levels causing the neck pain and, potentially, which levels to fuse; however, controversy regarding the specificity of cervical discograms has also been debated and more research is needed. ([Wieser, 2007](#)) Assessment tools such as discography lack validity and utility. ([Haldeman, 2008](#))

Patient selection criteria if discography is to be performed, requiring ALL of the following:

- o Neck pain of 3 or more months
- o Failure of conservative method of treatment
- o Satisfactory results from psychosocial assessment (discography in subjects with emotional & chronic pain has been associated with reports of significant prolonged back pain after injection, and thus should be avoided)
- o Should be considered a candidate for surgery
- o Should be briefed on potential risks and benefits both from discography and from surgery. ([Colorado, 2001](#))

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

ODG:

ODG, On-line, update 05/07/08 Treatment, Neck, Discography