

Notice of Independent Review Decision

**PEER REVIEWER FINAL REPORT**

**DATE OF REVIEW:** 3/10/2008  
**IRO CASE #:**

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

Lumbar discogram with post discogram CT scan

**QUALIFICATIONS OF THE REVIEWER:**

This reviewer attended Boston University before graduating from Emory School of Medicine in Atlanta, Georgia. She did her residency in neurosurgery and a fellowship in pediatric neurosurgery at the Children's National Medical Center in Washington, DC. She has had numerous publications and is an active member of the American Association of Neurological Surgeons and the Congress of Neurological Surgeons. She is a licensed medical doctor in five states.

**REVIEW OUTCOME:**

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

- Upheld (Agree)  
 Overturned (Disagree)  
 Partially Overturned (Agree in part/Disagree in part)

Lumbar discogram with post discogram CT scan Overturned

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

1. Request for a review dated 2/15/2008
2. Request for a review dated 2/14/2008
3. Clinical note by RN dated 2/15/2008
4. Clinical note dated 1/18/2008
5. Case assignment dated 2/19/2008
6. Clinical note dated 03/06/2008
7. Request for a review dated 02/14/2008
8. Request for a lumbar discogram by DC dated 02/14/2008
9. Clinical note dated unknown.
10. Clinical note dated unknown.
11. Clinical note dated 01/18/2008
12. Pre auth request dated 02/11/2008
13. Clinical note dated unknown.
14. Clinical note dated unknown.
15. Chronic pain evaluation by Psy D dated 01/23/2008
16. MRI lumbar spine without contrast by MD dated 08/20/2006
17. History and physical by MD dated 03/26/2007
18. Radiology report dated 04/05/2007
19. Radiology report by dated 04/05/2007
20. Neurological surgery follow up evaluation by MD dated 04/16/2007
21. Radiology report dated 05/08/2007
22. Neurological surgery follow up evaluation by MD dated 05/14/2007
23. Operative report by MD dated 05/15/2007
24. Surgical pathology report dated 05/15/2007
25. Neurological surgery follow up evaluation by MD dated 06/27/2007

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26. Neurological surgery follow up evaluation by MD dated 07/25/2007
27. Neurological surgery follow up evaluation by MD dated 09/05/2007
28. Clinical note by MD dated 10/22/2007
29. Neurological surgery follow up evaluation by MD dated 01/07/2008
30. The ODG Guidelines were not provided

**INJURED EMPLOYEE CLINICAL HISTORY [SUMMARY]:**

The injured employee is a male who presented with recurrent back pain without radiculopathy post work related injury. The injured employee underwent lumbar microdiscectomy at the L5-S1 level on 05/15/2007. He did get better for a while. A postoperative MRI in 10/2007 demonstrated degenerative changes at both the L4-5 and L5-S1 levels. The injured employee complains of low back pain.

The request for lumbar discogram with post discogram CT scan is under review for medical necessity.

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

The ODG is ambiguous about the use of discograms. Although it states that discography is "not recommended" it gives criteria for the use of discograms. Moreover, it states, "Discography may be supported if the decision has already been made to do a spinal fusion, and a negative discogram could rule out the need for fusion on that disc (but a positive discogram in itself would not justify fusion)." In this case, it appears that the provider is planning on a fusion, given the refractory and severe nature of the employee's symptoms. The role of the discogram would be to decide whether or not to also incorporate L4-L5 into the fusion. There really is no role in performing a discogram at L5-S1, since the injured worker has already had a discectomy at this level, and the discogram will be more than likely positive at this level. The ODG states "The prevalence of positive discogram may be increased in subjects with chronic low back pain who have had prior surgery at the level tested for lumbar disc herniation. (Heggeness, 1997) "

A discogram at L4-L5 and L3-L4 (as a control) can help tailor the surgery for this patient in order to optimize his outcome.

The patient, then, would meet the ODG criteria for discography, as listed below:

- o Back pain of at least 3 months duration
- o Failure of recommended conservative treatment including active physical therapy
- o An MRI demonstrating one or more degenerated discs as well as one or more normal appearing discs to allow for an internal control injection (injection of a normal disc to validate the procedure by a lack of a pain response to that injection)
- o Satisfactory results from detailed psychosocial assessment (discography in subjects with emotional and chronic pain problems has been linked to reports of significant back pain for prolonged periods after injection, and therefore should be avoided)
- o Intended as a screen for surgery, i.e., the surgeon feels that lumbar spine fusion is appropriate but is looking for this to determine if it is not indicated (although discography is not highly predictive) (Carragee, 2006) NOTE: In a situation where the selection criteria and other surgical indications for fusion are conditionally met, discography can be considered in preparation for the surgical procedure. However, all of the qualifying conditions must be met prior to proceeding to discography as discography should be viewed as a non-diagnostic but confirmatory study for selecting operative levels for the proposed surgical procedure. Discography should not be ordered for a patient who does not meet surgical criteria.
- o Briefed on potential risks and benefits from discography and surgery
- o Single level testing (with control) (Colorado, 2001)
- o Due to high rates of positive discogram after surgery for lumbar disc herniation, this should be potential reason for non-certification

The injured worker meets all these criteria and therefore the previous denial of the lumbar discogram with post discogram CT scan is overturned.

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

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- INTERQUAL CRITERIA
- MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

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- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- TEXAS TACADA GUIDELINES
- TMF SCREENING CRITERIA MANUAL
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)