

# P&S Network, Inc.

8484 Wilshire Blvd, Suite 620, Beverly Hills, CA 90211

Ph: (323)556-0555 Fx: (323)556-0556

## Notice of Independent Review Decision

**DATE OF REVIEW:** March 24, 2008

**IRO CASE #:**

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

This case was reviewed by a Pain Management physician, Licensed in Texas and Board Certified. The reviewer has signed a certification statement stating that no known conflicts of interest exist between the reviewer and the injured employee, the injured employee's employer, the injured employee's insurance carrier, the utilization review agent (URA), any of the treating doctors or other health care providers who provided care to the injured employee, or the URA or insurance carrier health care providers who reviewed the case for a decision regarding medical necessity before referral to the IRO. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

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

Lumbar discogram (62290, 72295) performed on February 1, 2007

### **REVIEW OUTCOME**

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

Upheld (Agree)

### **INFORMATION PROVIDED TO THE IRO FOR REVIEW**

- o Submitted medical records were reviewed in their entirety.
- o Treatment guidelines were provided to the IRO.
- o March 12, 2007 utilization review report from MD
- o May 3, 2007 utilization review report from MD
- o February 28, 2006 three November 29, 2006 records from the employer
- o October 9, 2007 report by M.D.
- o February 28, 2006 through January 11, 2008 chart notes and the work status reports by M.D.
- o February 26, 2006 through April 12, 2006 physical therapy records from Hospital
- o April 19, 2006 through November 8, 2006 chart notes and billing from Pain Management
- o February 28, 2006 prescription photocopy by M.D.
- o July 26, 2007 notice of independent review decision
- o October 19, 2006 functional capacity evaluation report from Health Systems
- o May 11, 2007 initial evaluation report by M.D.
- o May 24, 2007 letter by M.D.
- o February 1, 2007 lumbar spine CT report by M.D.
- o March 27, 2006 lumbar spine MRI report by M.D.
- o December 8, 2006 through July 20, 2007 chart notes from Pain Management

### **PATIENT CLINICAL HISTORY [SUMMARY]:**

According to the medical records and previous peer review reports, the patient is a female who sustained an industrial injury involving the lumbar spine. A utilization review report dated March 12, 2007 rendered a non-certification for a lumbar discogram. The report states that objective functional deficits need to be defined in order to justify the medical necessity of discography. Furthermore, conservative measures should be exhausted before the trial of injections

according to the report. Another review on May 3, 2007 states that there is no indication in the submitted daily notes for the reason to perform the procedure.

A lumbar spine MRI was performed on March 27, 2006 with findings of a small annulus fibrosis tear at L5-S1, no disc bulging at L1-2 through L4-5, minimal central disc bulging at L5-S1, mild bilateral narrowing at L4-5 secondary to hypertrophic osteoarthritic changes in the facet joints, and intact L5-S1.

Chart notes from February 1, 2007 indicate that the patient underwent a lumbar discogram. At the L3-4 level there was no pain elicited and an annular tear was not seen. At the L4-5 level there also was no pain or annular tear identified. At the L5-S1 level the patient had concordant pain with an annular tear. The patient described the pain as shooting up the middle of the back and down the back of the right foot. The pain was worse in the back than in the leg.

The records contain a post-discogram CT scan report dated February 1, 2007 with an impression of large central disc herniation at L5-S1 with annular tear and contrast leak with mild compression of the right traversing S1 nerve root. There was a mild disc bulge noted at L3-4 and L4-5 without evidence of disc herniation or annular tear.

Chart notes from February 23, 2007 state that given the positive physical exam of right S1 radiculopathy and positive discogram with pain down to the right foot, the patient needs to go forward with an L5-S1 ArthroCare Nucleoplasty procedure. It should be noted that a request for lumbar fusion was non-certified in an independent review decision on July 26, 2007. The reviewer stated that the request for lumbar fusion for possible discogenic pain did not appear to be consistent with the Official Disability Guidelines. On October 17, 2006 the patient was noted to have evidence of symptom magnification and inappropriate pain behavior. The claimant still had not received psychosocial screening at that point. A physician had opined that the claimant had no Waddell signs upon his evaluation, however, the reviewer stated that the medical records would indicate some concern for this and a psychosocial screen would therefore be appropriate. The claimant is noted to have situational depression and this would warrant a psychosocial evaluation according to the independent review report.

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

As noted above, the patient underwent a discogram and post discogram CT scan on February 1, 2007. It was noted in a review on July 26, 2007 that the patient had not yet had a psychosocial screen, as there were indications that she may have symptom magnification and inappropriate pain behavior. While the Official Disability Guidelines do not recommend lumbar discograms, if these are done anyway the criteria state that there should be satisfactory results from detailed psychosocial assessment. The medical records fail to document such a psychosocial assessment prior to the discography. Nevertheless, the Official Disability Guidelines do not recommend lumbar discography. Therefore, my determination is to uphold the previous decisions to non-certify the lumbar discogram (62290, 72295) performed on February 1, 2007.

The IRO's decision is consistent with the following guidelines:

**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
- 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

Official Disability Guidelines (2008)/Low Back:

Discography:

Not recommended. In the past, discography has been used as part of the pre-operative evaluation of patients for consideration of surgical intervention for lower back pain. However, the conclusions of recent, high quality studies on discography have significantly questioned the use of discography results as a preoperative indication for either IDET or spinal fusion. These studies have suggested that reproduction of the patient's specific back complaints on injection of one or more discs (concordance of symptoms) is of limited diagnostic value. (Pain production was found to be common in non-back pain patients, pain reproduction was found to be inaccurate in many patients with chronic back pain and abnormal psychosocial testing, and in this latter patient type, the test itself was sometimes found to produce significant symptoms in non-back pain controls more than a year after testing.) Also, the findings of discography have not been shown to consistently correlate well with the finding of a High Intensity Zone (HIZ) on MRI. Discography may be justified if the decision has already been made to do a spinal fusion, and a negative discogram could rule out the need for fusion (but a positive discogram in itself would not allow fusion). (Carragee-Spine, 2000) (Carragee2-Spine, 2000) (Carragee3-Spine, 2000) (Carragee4-Spine, 2000) (Bigos, 1999) (ACR, 2000) (Resnick, 2002) (Madan, 2002) (Carragee-Spine, 2004) (Carragee2, 2004) (Maghout-Juratli, 2006) (Pneumaticos, 2006) (Airaksinen, 2006) 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). Discography may help distinguish asymptomatic discs among morphologically abnormal discs in patients without psychosocial issues. Precise prospective categorization of discographic diagnoses may predict outcomes from treatment, surgical or otherwise. (Derby, 2005) (Derby2, 2005) (Derby, 1999) Positive discography was not highly predictive in identifying outcomes from spinal fusion. A recent study found only a 27% success from spinal fusion in patients with low back pain and a positive single-level low-pressure provocative discogram, versus a 72% success in patients having a well-accepted single-level lumbar pathology of unstable spondylolisthesis. (Carragee, 2006) 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) Discography involves the injection of a water-soluble imaging material directly into the nucleus pulposus of the disc. Information is then recorded about the pressure in the disc at the initiation and completion of injection, about the amount of dye accepted, about the configuration and distribution of the dye in the disc, about the quality and intensity of the patient's pain experience and about the pressure at which that pain experience is produced. Both routine x-ray imaging during the injection and post-injection CT examination of the injected discs are usually performed as part of the study. There are two diagnostic objectives: (1) to evaluate radiographically the extent of disc damage on discogram and (2) to characterize the pain response (if any) on disc injection to see if it compares with the typical pain symptoms the patient has been experiencing. Criteria exist to grade the degree of disc degeneration from none (normal disc) to severe. A symptomatic degenerative disc is considered one that disperses injected contrast in an abnormal, degenerative pattern, extending to the outer margins of the annulus and at the same time reproduces the patient's lower back complaints (concordance) at a low injection pressure. Discography is not a sensitive test for radiculopathy and has no role in its confirmation. It is, rather, a confirmatory test in the workup of axial back pain and its validity is intimately tied to its indications and performance. As stated, it is the end of a diagnostic workup in a patient who has failed all reasonable conservative care and remains highly symptomatic. Its validity is enhanced (and only achieves potential meaningfulness) in the context of an MRI showing both dark discs and bright, normal discs -- both of which need testing as an internal validity measure. And the discogram needs to be performed according to contemporary diagnostic criteria -- namely, a positive response should be low pressure, concordant at equal to or greater than a VAS of 7/10 and demonstrate degenerative changes (dark disc) on MRI and the discogram with negative findings of at least one normal disc on MRI and discogram. See also Functional anesthetic discography (FAD).

While not recommended above, if a decision is made to use discography anyway, the following criteria should apply:

- 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