



Specialty Independent Review Organization

Notice of Independent Review Decision

DATE OF REVIEW: 5/12/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item in dispute is the prospective medical necessity of a lumbar discogram with post-CT scan.

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

The reviewer is a medical doctor who is board certified in Physical Medicine and Rehabilitation.

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)

The reviewer agrees with the previous adverse determination regarding the prospective medical necessity of a lumbar discogram with post-CT scan.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the following parties:
MD; , MD; and.

These records consist of the following (duplicate records are only listed from one source): Records reviewed from, MD: History and Physical report by Dr. 7/12/05 to 4/22/08, 9/26/07 preauth request, various TWCC 73 forms, 10/16/06 and 4/23/07 rad reports, EKG 4/23/07, notes by MD and/or to 10/3/05 to 2/5/07, 7/27/06 letter by, 3/31/06 report by, MD, various EOB's, 8/5/05 right thigh and lumbar MRI and various PT care plans.

Records from include: 4/8/08 and 4/16/08 denial letters and letters to pt, work related injury notice of xx/xx/xx, 10/21/05 electrodiagnostic report, 1/4/06 lumbar myelogram and lumbar CT, FCE of 5/17/06, 11/1/07 lumbar MRI, 11/1/07 radiology report by, PA-C, notes by of 12/7/07, IM consult (preop) dated 2/27/06, operative report of 2/27/06, pre-op orthopedic orders, 2/27/06 note by, 2/27/06 note by, LVN, post op orthopedic orders, exercise flowsheets 3/17/06 to 6/24/06 and PT progress and daily notes 1/7/06 to 5/25/06.

Notes from Dr.: 3/26/08 script and 12/7/07 ESI note.

Notes from the URA: none not previously noted.

We did not receive a copy of the ODG from the carrier or the URA.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient was injured on the job on xx/xx/xx. He failed to respond to non-operative measures including activity restrictions, oral analgesic medications, and lumbar blocks. He underwent surgical intervention on 2/27/07 with a L4-5 bilateral hemi-laminectomy, L4-5 foraminotomy. This was followed by increased right sided back, right buttock, thigh, and leg pain. On 3/26/08, Dr. recommended a discogram with post-procedural CT from L3-4 to L5-S1. The patient responded to management but in recent encounters is reporting increased right sided lumbar and leg pain. He was managed with transforaminal ESI that was partially beneficial.

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

According to ODG a post-procedural CT is... "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)."

Further more the ODG adds...” While not recommended above, if a decision is made to use discography anyway, the following criteria should apply:

1 Back pain of at least 3 months duration

2 Failure of recommended conservative treatment including active physical therapy

3 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)

4 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)

5 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.

6 Briefed on potential risks and benefits from discography and surgery

7 Single level testing (with control) ([Colorado, 2001](#))

8 Due to high rates of positive discogram after surgery for lumbar disc herniation, this should be potential reason for non-certification.”

All of the criteria recommended by the ODG are not met. Therefore the post-procedural CT is not medically necessary.

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 FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)