



AMENDED May 29, 2008

REVIEWER'S

REPORT DATE OF REVIEW: 05/20/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OF SERVICES IN DISPUTE: Lumbar discography, multiple levels.

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., board certified orthopedic surgeon with extensive experience in the evaluation and treatment of the spine-injured patient

REVIEW OUTCOME:

“Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

This female suffered a straining injury to the lumbar spine region . She did not report the injury until approximately xx/xx/xx. She has been treated for lumbar pain syndrome with medications, physical therapy, a TENS unit, and chiropractic treatment. Recently she was evaluated by Dr.. A causal epidural block was performed. She has studies, which include a negative MRI scan, and an EMG/NCV study suggestive of S1 radiculopathy on the left. Several evaluations suggest positive Waddell's sign and symptom magnification. The request for lumbar discography has been denied on two prior occasions.

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

DECISION: Lumbar discography is at best a controversial study. In the ODG 2008 Low Back Chapter, pages 872-873, discography is not recommended. However, there are criteria to be used if discography is to be performed in spite of the fact that it is not recommended. Unfortunately, the study has a high rate of false positives. There

are a group of spine surgeons who believe it is beneficial in the context of contemplated lumbar spine fusion to be sure that all the pain generator locations are included in the surgical fusion site. This patient fails to meet criteria for the performance of lumbar discography in spite of the fact that it is not recommended.

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

(Check any of the following that were used in the course of your review.)

- 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 judgment, clinical experience and expertise in accordance with accepted medical standards.
- Mercy Center Consensus Conference Guidelines.
- Milliman Care Guidelines.
- ODG-Official Disability Guidelines & Treatment Guidelines, 2008, Low Back Chapter, pages 872-873
Pressley Reed, The Medical Disability Advisor.
- Texas Guidelines for Chiropractic Quality Assurance & Practice Parameters.
- Texas TACADA Guidelines.
- TMF Screening Criteria Manual.
- Peer reviewed national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)