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**IRO CASE #:**

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

Cervical Discogram

**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

Health Care Service(s) in Dispute	CPT Codes	Date of Service(s)	Outcome of Independent Review
cervical discogram		-	Upheld

**PATIENT CLINICAL HISTORY [SUMMARY]:**

Dr. is requesting a cervical discogram at C4-5, C5-6, C6-7 and C7-T1. The diagnoses are brachial neuritis or radiculitis, cervical spondylosis without myelopathy and cervical disc displacement.

Diagnostic studies: An MRI which reportedly by Dr. on 03/07/07 did not support the patient symptoms; a CT/myelogram which according to Dr. on 04/18/07 only showed some mild multi-level degenerative changes; two EMGs, the first one was essentially unremarkable, the second reportedly showed denervation at C5-6. A selective C6 nerve root block reportedly did not give any relief. An ESI did not give relief.

Medications are morphine, Topomax and Relpax.

Date of injury:

Brief summary: The examinee is a male who injured his neck and back while bending and lifting a heavy object. His complaints are neck pain and right upper extremity pain with weakness, numbness and tremor and headaches. He has had traction, physical therapy and medication with minimal improvement. A psychological evaluation found significant depression and anxiety.

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

The patient is a male who injured his neck while bending and picking up a piece of equipment. He has neck complaints and right upper extremity complaints of global weakness, numbness, tingling, and tremor. However, his MRI was unremarkable and his CT/myelogram pre Dr. only showed multi-level degenerative changes. Dr. further stated on 04/18/07 that there was no evidence of acute pathology and no evidence of

significant radiculopathy. Dr. reported that Dr. , radiologist, had reported multi-level bilges and severe C6-7 disc space narrowing with moderate central stenosis and bilateral foraminal impingement. Dr. also stated that Dr. on or about 04/18/07 "did not feel that was an acute surgical lesion" in referring to cervical stenosis. An ESI and a selective C6 nerve root block failed to give any relief. A repeat EMG reportedly showed denervation of C6. Thus far, the only objective physical finding is the EMG and a questionable weakness of the right triceps (1/2 grade by o examiner). This was not documented until 04/02/08 by Dr. . Also, this is the first time that C6 sensory changes are documented over the right thumb per available medical records for review. Therefore, it appears that discography is recommended to determine surgery. This is definitely not supported by the medical literature (ODG, web-based). Discography is just one test. A positive discogram does not equate with the need for surgery (NASS, Contemporary Concepts in Spine care, 2001). Furthermore, this patient has significant depression and anxiety due to recent personal losses. The psychological evaluation noted that he may bode poorly for surgical outcome. Also, patients with chronic pain and an abnormal psychological profile have a high incidence of false positive discography and are not recommended in these patients.

Therefore, based upon the above rationale and evidence based peer review guidelines, the request for 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-Treatment-Neck and Upper Back (Acute & Chronic)