

True Resolutions Inc.

An Independent Review Organization
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Notice of Independent Review Decision

DATE OF REVIEW: 11/07/2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Discogram CT L2/3, L3/4, L4/5, and L5/S1

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

Board Certified Neurosurgeon with additional training in pediatric neurosurgery

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

OD Guidelines

Denial Letters 8/29/08 and 10/7/08

Dr. clinic notes 07/17/2008, 08/22/2008

Radiology report Dr. 07/17/2008

MRI of the lumbar spine reports 8/22/08 and 2/9/06

Post-discogram CT of the lumbar spine report 6/29/06

Operative report lumbar discography 6/29/06

Dr. clinic notes 03/24/2008, 05/02/2008, 06/16/2008

PATIENT CLINICAL HISTORY [SUMMARY]:

This is a male with a date of injury xx/xx/xx. He complains of back pain radiating down both legs. Neurological examination is normal except for bilateral positive straight-leg raising. He underwent ESI's more than a year ago. He is exhibiting signs of neurogenic claudication in that the pain is worse with walking and he gets relief by leaning over. There is a history of depression. He smokes cigarettes. A lumbar MRI 08/22/2008 revealed multi-level disc bulges and contact with the right L3 nerve root. There is disc desiccation at multiple levels. There is slight narrowing of the left neuroforamen at L5-S1. He did undergo a discogram and post-discography CT scan on 06/29/2006. There was concordant pain at L4-L5 and L5-S1, but no pain at L3-L4. The provider is requesting a lumbar discography with post-discogram CT at L2-L3, L3-L4, L4-L5, and L5-S1

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

The lumbar discogram is not medically necessary. Firstly, this patient has had a prior lumbar discogram in 2006. It is unclear what additional information this new discogram would provide. Secondly, even though this patient is having symptoms of neurogenic claudication, his MRI shows no significant lumbar stenosis to correlate with this. According to the Occupational and Disability Guidelines, lumbar discography is "not recommended". However, criteria are provided for lumbar discography, if to be done, meaning there might be times when it can yield useful information. One of those criteria is that the patient undergo a detailed psychological evaluation. This patient has a history of depression, and there is some suggestion that he may have an exaggerated pain response from a prior clinic note. Certainly, in this case, a psychological evaluation would be warranted prior to his undergoing any invasive procedures.

References/Guidelines

Occupational and Disability Guidelines, "Low Back" chapter

Discography is Not Recommended in ODG.

Patient selection criteria for Discography if provider & payor agree to perform anyway:

- 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

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)