

Notice of Independent Review Decision

DATE OF REVIEW:

10/31/2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Lumbar discogram

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

Board Certified Doctor of Osteopathy, Anesthesiologist, Specializing in Pain Management

REVIEW OUTCOME

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

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

The requested lumbar discogram is not medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- TDI/DIVISION OF WORKERS' COMPENSATION referral form
- 10/23/08 MCMC Referral
- 10/22/08 Notice Of Assignment Of Independent Review Organization
- 10/22/08 Notice To MCMC, LLC Of Case Assignment
- 10/22/08 Confirmation Of Receipt Of A Request For A Review, DWC
- 10/17/08 Request For A Review By An Independent Review Organization
- 09/29/08 letter from Psy.D. and Ph.D., Ph.D. & Associates
- 09/22/08 (Date of Exam) Report of Medical Evaluation
- 09/22/08 Report of Medical Evaluation, M.D.,
- 09/22/08 Review of Medical History & Physical Exam, M.D.
- 09/18/08 Pre-Discogram Mental/Behavioral Health Assessment Feedback Form, Ph.D. & Associates
- 07/28/08, 09/07/07 Chart Note, M.D., Spine Care
- 06/13/08 MRI lumbar spine, M.D.
- 02/22/08 Report of Medical Evaluation, M.D.
- 02/22/08 Review of Medical History & Physical Exam, M.D.
- 08/02/07 Laminectomy & Discectomy, M.D., Medical Center
- 08/01/07 Initial Chart Note, M.D., Spine Care

- 08/01/07 MRI lumbar spine, Medical Center
- Undated letter from RN, (request for certification of lumbar discogram)
- Undated letter from RN, (non-certification letter)
- Undated Request For A Review By An Independent Review Organization Instructions

PATIENT CLINICAL HISTORY [SUMMARY]:

The injured individual is a male who fell in xx/xx/xx. He had prior back surgery in xxxx. After his date of injury he underwent emergency laminectomy at L4-S1. He has ongoing back and leg pain. A new MRI from 06/2008 showed herniation of nucleus pulposus (HNP) at L4/5. The injured individual had epidural steroid injections (ESIs), medications, and ten pain sessions with no benefit. His surgeon is recommending a L3-5 fusion. He had a second opinion that agreed with the lower part of the fusion but not at L3/4. He had a psychiatric evaluation that noted no obvious levels of depression or anxiety and cleared him for the surgery and discogram.

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

The injured individual has been psychologically cleared for back surgery number three and his surgeon is interested in doing a fusion with probable extension up to L3; however the second surgical opinion did not feel a discogram was necessary for this redo operation. The Official Disability Guidelines (ODG) does not recommend discograms officially now at this point (it was less negative about the procedure in prior editions) but does delineate criteria that should be met. The injured individual does meet these criteria but based on the lack of support ODG gives for a discogram and the second surgical opinion that felt the pathology and procedure to be done were straight forward enough so as to not require a discogram, it is not supported as 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 pg 305.

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES:**Discography is Not Recommended in ODG.**

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

- Back pain of at least 3 months duration
- Failure of recommended conservative treatment including active physical therapy
- 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)
- 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)
- 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.

- Briefed on potential risks and benefits from discography and surgery
- Single level testing (with control) ([Colorado, 2001](#))
- Due to high rates of positive discogram after surgery for lumbar disc herniation, this should be potential reason for non-certification