

P-IRO Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Oct/16/2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Lumbar Discogram @ L3/4, L4/5, L5/S1

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

Denial Letters 9/4/08 and 9/23/08
Records from Dr. 7/16/08 thru 9/18/08
OP Report facet blocks 1/25/08
Lumbar Myelogram 6/12/08
MRI of the lumbar spine 12/10/07
Letter from 10/2/08
North American Spine Society: "Lumbar Discography"

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a xx year-old male with a date of injury xx/xx/xx, when he fell, landing on his back. He complains of mid-thoracic and lower back pain that radiates into both legs. On 01/25/2008 he underwent bilateral lumbar facet blocks at L4-L5 and L5-S1, with no relief. He underwent an ESI on 03/21/2008 with little relief. Neurological examination reveals mild extensor hallucis weakness bilaterally. There is weakness of the right quadriceps. Electrodiagnostic studies of the lower extremities 12/14/2007 were normal. A thoracic spine MRI showed T2-T3 and T6-T7 disc bulges with no neural encroachment. A lumbar MRI

12/10/2007 shows a broad disc bulge at L4-L5. There is no central or neuroforaminal stenosis. At L5-S1 there is a minimal disc bulge with no central or neuroforaminal compromise. A lumbar myelogram and post-myelo CT 06/12/2008 reveals a disc protrusion at L4-L5 that indents the thecal sac at the level of the origins of the L5 root sleeves. A psychological evaluation has shown no contraindication to discography.

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

The lumbar discogram is medically necessary. The ODG is ambivalent about discograms. While it states that a discogram is generally “not recommended”, it does list criteria for its use, if it is to be done. This patient meets these criteria. There are certain clinical situations where a discogram might be useful, and this claimant’s case is one of them. He appears to be a candidate for a lumbar fusion, and there may be more than one level needing to be fused. The discogram can help guide the choice in the levels that are fused. A discogram is not a perfect test, but can be useful in identifying a pain generator, particularly when there may be more than one level needing to be fused. Therefore, in this specific case, the lumbar discogram is medically necessary.

References/Guidelines

2008 Official Disability Guidelines, 13th edition

While not recommended above, if a decision is made to use discography anyway, the following criteria should apply

- 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 a potential reason for non-certification)

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

ACOEM-AMERICA 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 ERVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)