

Notice of Independent Review Decision

DATE OF REVIEW: 10/8/2008
IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Lumbar
Discogram L3/4,
L4/5, S1

QUALIFICATIONS OF THE REVIEWER:

This reviewer completed his undergraduate degree at Union College before obtaining his Doctor of Medicine from Albert Einstein College of Medicine. He completed a residency in orthopedic surgery and is certified by the American Board of Orthopedic Surgery.

REVIEW OUTCOME:

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

<input checked="" type="checkbox"/> Upheld	(Agree)
<input type="checkbox"/> Overturned	(Disagree)
<input type="checkbox"/> Partially Overturned	(Agree in

part/Disagree in part) Lumbar Discogram L3/4,
L4/5, S1 Upheld

INJURED EMPLOYEE CLINICAL HISTORY [SUMMARY]:

This injured employee is a xx year old female who complains of low back pain and right leg weakness. The notes indicate that this injured employee was injured in xx/xx when she was trapped between a tugging machine and a stairwell. Conservative treatment has included physical therapy, epidural steroid injections, and medications with little relief. The provider has recommended a lumbar discogram L3/4, L4/5, S1.

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

A review of the records provided supports the claimant is a xx year old female with reported low back pain associated with working as a warehouse worker on xx/xx/xx. She was seen in on 01/17/08 complaining of low back pain for four days and was treated with Anaprox.

She had a CT scan of the lumbar spine on 03/07/08 which showed no acute disease. A thoracic CT on that day was similarly negative. She went back to . She continued to complain of pain. She was treated with over-the-counter medications and stretching. She had been seen in the emergency room twice. She was treated with prednisone and Flexeril.

An MRI was obtained on 05/16/08. It showed a disc bulge at L4-5 but no focal neural compression was identified. Dr. felt the claimant was getting better and noted the claimant had not yet started physical therapy and was not working. He recommended physical therapy with a functional capacity evaluation. An epidural steroid injection was performed on 07/02/08 without improvement. The claimant was cleared for surgery based on a behavioral medical evaluation on 08/04/08.

A lumbar discogram was denied, per the Official Disability Guidelines on 07/22/08 and 08/20/08.

She saw Dr. 08/25/08, noting low back pain and right-sided leg weakness. He felt the claimant was incapacitated. Her quality of life was affected and she was unable to work. He noted 5/5 motor strength testing, but positive straight leg raise tension signs, subjective complaints of numbness, and recommended a discogram to identify pain generators.

Based on review of the records provided, it appears the claimant has had chronic complaints of pain prior to the reported vocational injury dated xx/xx/xx. CT scan of the thoracic and lumbar spine were both negative. The MRI showed a disc bulge with no focal neural compression. It appears the claimant's subjective complaints of pain are excessive when correlated with objective physical examination findings, as she had been in the emergency room on several occasions, as well as treating routinely at the with medications.

Based on review of the records provided, evidence-based medicine, and the Official Disability Guidelines, discography cannot be recommended as medically necessary. Recent high quality studies question the use of discography as a preoperative indication for either intradiscal electrothermal therapy (IDET) or spinal fusion or as a preoperative indication for fusion. The request does not meet the ODG and therefore the previous denial is upheld.

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
- X** 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)