

US Decisions, Inc.

An Independent Review Organization

71 Court Street

(512) 782-4560 (phone)

(207) 470-1085 (fax)

Notice of Independent Review Decision

DATE OF REVIEW: OCTOBER 9, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity of lumbar discogram with CT L3-4, L4-5, L5-S1 (L2-3 for pain control).

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

Board Certified Orthopedic Surgeon

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)

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 reviewer finds that medical necessity does not exist for lumbar discogram with CT L3-4, L4-5, L5-S1 (L2-3 for pain control).

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Adverse Determination Letters, 8/27/08, 9/11/08

ODG Guidelines and Treatment Guidelines

Letter to IRO from , 9/26/08

, MD, 8/28/08, 7/23/08, 5/28/08, 2/13/08

Psychological Evaluation, 8/18/08

Operative Report, 7/7/08

MRI of Lumbar Spine, 3/28/07

PATIENT CLINICAL HISTORY [SUMMARY]:

This is a xx year old male claimant with a history of low back pain since an injury onxx/xx/xx. The records indicated that the claimant was diagnosed with lumbar syndrome, herniated disc L4-5 and facet arthropathy L5- S1. Conservative treatment included medication and physical therapy.

An examination dated 02/13/08 noted the claimant with guarded extension and rotation in both directions and lumbar tenderness. A lumbar MRI done on 03/28/07 revealed a diffuse disc bulge L1-2; a disc protrusion L4-5, stenosis at L4-5; and considerable lateral recess and foraminal stenosis bilaterally at L5 S1. The claimant continued with low back pain and underwent facet joint blocks in May 2008 and medial branch blocks in July 2008 with temporary relief. It was determined that the claimant was a surgical candidate. A lumbar discogram was recommended to identify other potential pain generators. A psychological evaluation performed on 08/18/08 indicated that the claimant would be a candidate for discography.

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

The reviewer agrees with the previous adverse determinations regarding discography in this case. The ODG outlines that discography has been significantly questioned as a useful preoperative indicator for spinal fusion. The reviewer is unable to identify a clear indication for the same. The reviewer finds that medical necessity does not exist for lumbar discogram with CT L3-4, L4-5, L5-S1 (L2-3 for pain control).

Official Disability Guidelines Treatment in Worker's Comp 2008 Updates, Low Back;
Discography

Not recommended. In the past, discography has been used as part of the pre-operative evaluation of patients for consideration of surgical intervention for lower back pain. However, the conclusions of recent, high quality studies on discography have significantly questioned the use of discography results as a preoperative indication for either IDET or spinal fusion.

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 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)**