IMED, INC.
1701 N. Greenville Ave. • Suite 202 • Richardson, Texas 75081
Office 972-381-9282 • Toll Free 1-877-333-7374 • Fax 972-250-4584
e-mail: imeddallas@msn.com

Notice of Independent Review Decision

DATE OF REVIEW: 09/11/08, Amended 09/16/08

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Item in dispute: Lumbar discogram with post CT scan

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

Board Certified Neurosurgeon

REVIEW OUTCOME

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

Denial Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Report of Medical Evaluation, Dr., dated 04/30/08
2. Medical Records, Dr., dated 05/19/08
3. Chronic Pain Evaluation, dated 07/09/08
4. Utilization Review Determination dated 07/16/08
5. Letters of Appeal, D.C., dated 07/22/08 thru 08/14/08
6. Utilization Review Determination dated 08/15/08
7. **Official Disability Guidelines**

PATIENT CLINICAL HISTORY (SUMMARY):

The employee was xx years old when she was reported to have sustained injuries to her thoracic and lumbar spines and left shoulder on xx/xx/xx as a result of slipping on a greasy floor and landing on her left side.

The employee was initially evaluated at Hospital where she had multiple x-rays, all of which were negative.

The employee continued to experience pain and ultimately underwent an MRI scan of the lumbar spine, left shoulder, and neck. The shoulder MRI revealed an intact supraspinatus tendon and a mildly reduced subacromial arch, and the lumbar spine MRI did not reveal any real significant problem except for a 2.0 to 3.0 mm left paracentral discal substance protrusion at L4-L5, which minimally indented the thecal sac contours. At L5-S1, there was a left paracentral annular tear not associated with significant discal substance protrusion.

The employee received epidural steroid injections to her low back, which were reported to provide relief for a couple of months.

The employee was later seen by Dr. who did not treat the employee next, but felt she might have had some problem with her shoulder with a possible AC tear.

The employee underwent a gadolinium study, which revealed a possible internal impingement but no tear.

The employee had an EMG performed by Dr., which was indicative of some lumbar radiculopathy at the L5-S1 nerve roots.

The employee had a cervical and lumbar myelogram done which revealed prior surgery with L3, L4, and L5 laminectomies and a mild bulge at L4-L5 without significant canal narrowing. The employee had a post myelogram CT scan of the cervical spine which was unremarkable. Post myelogram CT of the lumbar spine revealed minimal bulges at L4, L5, and S1 with mild foraminal narrowing without evidence of neural impingement.

The employee was examined by Dr. on 04/30/08. At that time, the employee was reported to be 5 feet 5 inches tall and weighed 190 pounds. She walked with an antalgic gait, favoring the left side. Heel toe walk was not accomplished secondary to pain. Examination of the neck revealed tenderness throughout the left trapezius and left paracervical muscles. The employee had limited range of motion in all planes and had considerable pain with range of motion. Examination of the left shoulder revealed more pain with internal rotation, and there was some limitation of abduction in external rotation. There was tenderness in the anterior shoulder joint. Examination of the lumbar spine revealed pain in all planes, and flexion/extension seemed to illicit most of her pain. However, the employee also had pain with right rotation and right side bending. Straight leg raise was questionably positive, but primarily she had difficulty raising her legs because of pain in her thighs. Deep tendon reflexes were normal. There was no evidence of lower extremity atrophy. Dr. opined that the employee should be referred to another orthopedic surgeon for evaluation. Dr. opined that the employee had a cervical sprain, left shoulder sprain, and lumbar discogenic pain with questionable radiculopathy.

On 05/19/08, the employee was evaluated by Dr. Dr. reported the above history. Dr. noted the employee was status post physical therapy and epidural steroid therapy with no significant improvement in her symptoms. On physical examination, lumbar range of motion was decreased in forward flexion secondary to pain. Motor examination was reported to reveal 4/5 strength in the gastrocnemius muscle on the left, otherwise 5/5 throughout. Deep tendon reflexes were reported to be 1+ in the left ankle, and

otherwise 2+ throughout. The employee's gait was antalgic. She had difficulty with toe walking, less difficulty with heel walking. Straight leg raise was reported to be positive on the left at 50 degrees. Sensory examination revealed a hypoesthetic region in both the L5-S1 distributions on the left. Dr. recommended a CT discogram and opined that due to the failure of conservative medical therapy, pain duration greater than six months current neurologic status with evidence of recurrent disc herniation at L4-L5 with decreased disc height and disc desiccation in both L4-L5 and L5-S1, that the employee should undergo CT/discography.

The employee was referred for a chronic pain evaluation on 07/07/08. The employee's critical judgment was reported to be intact; however, there was a recommendation that the employee may benefit from antidepressant medications to promote a successful surgical outcome.

On 07/22/08, the case was reviewed by Dr. who non-certified the request for lumbar discography.

The case subsequently went to appeal on 08/15/08 and was reviewed by, D.C. Dr. non-certified the request for lumbar discography. He reported in his summary that the employee had a history of L3-S1 laminectomy approximately twenty years ago, and it was again documented that approximately fifteen years ago there was fusion at L5-S1. It was reported that the employee underwent MRI and lumbar myelography noting an L4-L5 and an L5-S1 disc protrusion with left sided foraminal stenosis. Dr. opined that the employee had multiple levels of degenerative changes secondary to prior injuries and surgeries. There was documented chronic pain issues present, and he opined that the employee did not appear to be an appropriate candidate for discography.

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

The submitted clinical records indicate that on the date of injury the employee slipped and fell on her left side reportedly sustaining injuries to the thoracic and lumbar spines, as well as left shoulder. The employee has subsequently received chiropractic treatment and physical therapy and was referred to Dr. for neurosurgical evaluation. Dr. clinical notes indicate that the employee underwent a previous laminectomy and decompression from L3-S1 twenty years ago. The employee later underwent a lumbar decompression without fusion approximately fifteen years prior to the evaluation.
The employee has continued to experience low back pain, and Dr. has requested to perform lumbar discography. The submitted clinical records do not include any imaging studies from which to evaluate and establish the medical necessity of this request. The employee was reported to have undergone MRI as well as CT/myelogram. The employee has undergone psychiatric evaluation and was deemed a suitable candidate for the procedure; however, there was a recommendation of the employee being placed on antidepressant medication prior to operative intervention to improve the potential outcome.

Given the lack of imaging studies from which to establish medical necessity, the evidence of a chronic pain syndrome with a recommendation for antidepressant

medications, the employee would not be considered a suitable candidate for discography in that the validity of her responses would be questionable.

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

1. The ***Official Disability Guidelines***, 11th Edition, The Work Loss Data Institute.
2. Chou R. American Pain Society; American College of Physicians. Nonpharmacologic therapies for acute and chronic low back pain: a review of the evidence for a clinical practice guideline. Recommendations on surgery and interventional treatments. American Pain Society 27th Annual Scientific Meeting: Symposium 312. Presented May 8, 2008.
3. Carragee EJ, Lincoln T, Parmar VS, Alamin T. A gold standard evaluation of the "discogenic pain" diagnosis as determined by provocative discography. *Spine*. 2006 Aug 15;31(18):2115-23.