

## Notice of Independent Review Decision

**DATE OF REVIEW:** 11/23/2009  
**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Lumbar Discogram and Post CT Scan L3-4, L4-5

**QUALIFICATIONS OF THE REVIEWER:**

This reviewer graduated from University of Missouri-Kansas City and completed training in Physical Med & Rehab at Baylor University Medical Center. A physicians credentialing verification organization verified the state licenses, board certification and OIG records. This reviewer successfully completed Medical Reviews training by an independent medical review organization. This reviewer has been practicing Physical Med & Rehab since 7/1/2006 and Pain Management since 9/9/2006. This reviewer currently resides in TX.

**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)

Lumbar Discogram and Post CT Scan L3-4, L4-5 Upheld

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

1. Review data Letter by author unknown, dated 10/21/2009
2. Notice of ura's decision dated unknown Request form dated unknown
3. Review data Notice dated 11/3/2009
4. Notice to utilization review dated 11/3/2009
5. Letter dated 11/2/2009
6. IRO request form dated 11/2/2009
7. Request form by author unknown dated 10/30/2009
8. Appeal of adverse determination by author unknown dated 10/21/2009
9. Utilization review determination by author unknown dated 10/12/2009
10. Work comp verification by author unknown dated 10/6/2009
11. Office visit by MD, dated 9/30/2009
12. Order by RN, dated 9/30/2009
13. Operative report by MD, dated 9/15/2009
14. Order by RN, dated 9/9/2009
15. Daily progress note by PTA, dated 9/1/2009
16. Daily progress note by PTA, dated 8/31/2009
17. Daily progress note by PT, dated 8/27/2009
18. Office visit by MD, dated 8/27/2009
19. Office visit by MD, dated 8/6/2009
20. MRI lumbar by MD, dated 7/23/2009
21. Office visit by MD, dated 7/16/2009

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22. Letter dated 11/06/2009
23. Notice dated 11/03/2009
24. Notice to utilization review dated 11/03/2009
25. Request form by author unknown, dated 10/30/2009
26. Letter by author unknown, dated 10/21/2009
27. Follow up neck & back pain medical history by author unknown, dated 10/20/2009
28. Denial of appeal by author unknown, dated 10/16/2009 to 10/21/2009
29. Utilization review by author unknown, dated 10/16/2009 to 10/21/2009
30. Work comp verification by author unknown, dated 10/06/2009
31. Orders for lumbar discogram by author unknown, dated 09/30/2009
32. Operative report by MD, dated 09/15/2009
33. Orders for transforaminal by author unknown, dated 09/09/2009
34. Daily progress noted by PTA, dated 09/01/2009
35. Worker's com follow-up by MD, dated 08/27/2009 to 09/15/2009
36. Daily progress noted by PT, dated 08/26/2009 to 08/27/2009
37. Spine exam by PT, dated 08/18/2009
38. Work status report by author unknown, dated 08/06/2009 to 10/21/2009
39. MRI lumbar by MD, dated 07/23/2009
40. Worker's comp initial by MD, dated 07/16/2009
41. Flexion and extension by MD, dated 07/16/2009
42. 5 views of the lumbar spine by MD, dated 07/16/2009
43. General Medical history by author unknown, dated 07/15/2009
44. Benefit dispute agreement by author unknown, dated 06/22/2009
45. History by author unknown, dated 05/20/2009
46. Letter by MD, dated 03/20/2009
47. Lumbar spine by author unknown, dated 02/19/2009
48. Form by author unknown, dated 02/19/2009
49. Medical notes by author unknown, dated 02/19/2009
50. Request form by author unknown, dated unknown
51. Official Disability Guidelines (ODG), dated unknown

#### **INJURED EMPLOYEE CLINICAL HISTORY [SUMMARY]:**

The injured employee is a male who is being followed for low back pain after pulling a hose at work on xx/xx/xx. The injured employee has complaints of low back pain and is status post fusion at the L5-S1 level and laminectomy at the L4 level. Designated doctor evaluation on 05/20/2009 is unreadable due to poor copy quality. Clinical note on 07/16/2009 states the injured employee has complaints of constant pain in the low back that radiates the lower extremities, right worse than left. He states that he was free from radicular symptoms up until the injury on 02/02/2009. Physical examination reports no focal neurologic deficits noted in the lower extremities. Range of motion is limited in the lumbar spine. Tenderness is noted to palpation in the lumbar spine. MRI lumbar spine dated 07/23/2009 reports evidence of anterolisthesis at the L4 on L5 with moderate desiccation of the disc space at this level. Moderate broad based disc bulge is noted with combined facet arthrosis and thickening of the ligamentum flavum producing severe spinal stenosis. Severe disc height reduction is noted at the L5-S1 level with prior wide decompressive laminectomy and fusion noted. No compression is noted at this level.

Follow up on 08/06/2009 states the injured employee has continued pain in the lumbar spine. The injured employee has not received physical therapy to date. Physical examination reports no focal neurologic deficits noted with positive straight leg raise. Tenderness was noted to the lumbar spine and range of motion was limited. The injured employee did undergo a transforaminal epidural steroid injection at the L4-5 level on 09/15/2009. Clinical note on 09/30/2009 states that the injured employee has increased pain after the epidural steroid injection performed on 09/15/2009. He denies any bowel or bladder incontinence. Physical examination reports hypoactive reflexes are present in the patellar reflexes and reflexes are absent in the Achilles. Sensation and motor strength are intact. Limited range of motion is noted in the lumbar spine with tenderness to palpation. Straight leg raise reproduced radiculopathy, left worse than right. The injured employee at this point was recommended for discography at the L3-4 and L4-5 level with a CT study. Utilization review dated 10/07/2009 denied the request for discography and post CT scan at the L3-4 and L4-5 level as discography is not recommended per ODG guidelines and as the injured employee has had an MRI study performed to date, discography would not substantially alter the injured employee's clinical course or impact therapeutic planning.

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

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Although the injured employee continues to have lumbar spine pain with some objective clinical evidence consistent with radiculopathy, discography is not supported by current ODG guidelines as there are several high quality scientific studies that significant question the efficacy of the procedure as a pre-operative indication for either IDET or spinal fusion. The injured employee's MRI report clearly demonstrates disc pathology at the L4-5 level and discography at this time would not substantially alter the injured employee's clinical progression. In the rare times when discography is warranted, it is for individuals who have attempted all possible minimally invasive techniques in order to determine pain generators. The injured employee has had 1 epidural steroid injection; however, there is no clinical documentation regarding any medial branch blocks or selective nerve root blocks that have been unsuccessful in determining his true pain generators. Additionally, there is no psychological evaluation submitted for review demonstrating that the injured employee is a proper candidate for surgical procedures involving the lumbar spine. As the request for discography is not supported within ODG guidelines and there is insufficient clinical documentation to warrant further procedures for the lumbar spine, medical necessity is not established. Therefore the recommendation is to uphold the prior denial.

**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)