

Notice of Independent Review Decision

DATE OF REVIEW: 2/24/09

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Lumbar Discogram L2-L5 with Lumbar Myelogram and Post CT

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

Certified by the American Board of Orthopaedic Surgery

REVIEW OUTCOME

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

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

Injury date	Claim #	Review Type	ICD-9 DSMV	HCPCS/ NDC	Upheld/ Overturned
		Prospective	724.02	72295	Upheld
		Prospective	724.02	72265	Upheld
		Prospective	724.02	72133	Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Correspondence throughout appeal process, including first and second level decision letters, reviews, letters and requests for reconsideration, and request for review by an independent review organization.

Physician orders dated 10/9/08

Physician notes dated 1/15/09, 12/4/08, 10/9/08, 8/28/08, 7/28/08, 5/29/08

Official Disability Guidelines cited but not provided

PATIENT CLINICAL HISTORY:

This xx-year-old claimant sustained an injury on xx/xx/xx, while directing traffic. The claimant is noted to have undergone epidural steroid injection, and is status post laminotomy/discectomy in September 2007. According to a physician note of 5/29/08, the MRI of the lumbar spine from December 2007 revealed significant spinal cord stenosis L3-4 and L4-5. Records indicate that the claimant has had increasing pain and discomfort to the left lower extremity since surgery. Physical examination on 05/29/08, reported the claimant to be 6'4 1/2" tall and 215 pounds. Range of motion of the lumbar spine was limited to forward flexion, but essentially normal in extension, right and left lateral bending, and right and left lateral turning. The claimant was able to walk on heels and toes, but had more difficulty doing so on his heels than his toes. Remainder of motor examination revealed 5/5 motor strength in the right extensor hallucis longus (EHL), tibialis anterior, peroneal, quadriceps, and hamstring musculature. Same muscle groups tested on left lower extremity revealed 4/5 motor strength in the EHL and tibialis anterior, with 4-/5 in peroneal and quadriceps musculature. Hamstring musculature was 5/5 bilaterally. Sensation was intact to light touch, except decreased to lateral aspect of the left foot as compared to that of the right foot. Deep tendon reflexes were 2/4 and bilaterally equal at the patella, 1/4 and bilaterally equal in the Achilles. Babinski was negative. Straight leg raise (SLR) was negative bilaterally in the seated position, positive left lower extremity at approximately 60 degrees with positive sciatic tension sign while supine, when compared to negative SLR on the right lower extremity.

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

In the Reviewer's opinion, based on the clinical information provided, the request for lumbar discogram L2-5 with lumbar myelogram and post CT is not indicated. The claimant is noted to have sustained an injury to the low back in xx/xx and underwent lumbar laminotomy in September of 2007. The records indicate the claimant underwent postoperative MRI, which was noted to reveal fairly significant spinal stenosis at L3-4 and L4-5. Most recent physical examination from May of 2008 revealed some motor strength deficit in the left lower extremity, as well as decreased sensation along the lateral aspect of the left foot compared to the right. The Reviewer noted that the records submitted did not document a more recent physical examination report. It was also noted that there was no documentation a psychological assessment that evaluated the claimant's pain response and pain behavior. Per the Reviewer, ODG does not support the use of discography as preoperative indication for lumbar fusion or IDET.

References:

ODG Low back chapter re: 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. These studies have suggested that reproduction of the patient's specific back complaints on injection of one or more discs (concordance of symptoms) is of limited diagnostic value. (Pain production was found to be common in non-back pain patients, pain reproduction was found to be

inaccurate in many patients with chronic back pain and abnormal psychosocial testing, and in this latter patient type, the test itself was sometimes found to produce significant symptoms in non-back pain controls more than a year after testing.) Also, the findings of discography have not been shown to consistently correlate well with the finding of a High Intensity Zone (HIZ) on MRI.

Myelography--Recommended as an option. Myelography OK if MRI unavailable. ([Bigos, 1999](#))

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)