

Notice of Independent Review Decision

**PEER REVIEWER FINAL REPORT**

**DATE OF REVIEW:** 2/18/2009  
**IRO CASE #:**

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

Lumbar discogram L3/4, L4/5, L5/S1 with post CT scan

**QUALIFICATIONS OF THE REVIEWER:**

This reviewer graduated from and completed training in. 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 Orthopaedics since 1993 and currently resides in TX.

**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, L5/S1 with post CT scan Upheld

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

1. Clinical note by dated 1/29/2009
  2. Review organization dated 1/29/2009
  3. Request for IRO dated 1/29/2009
  4. Request form dated 1/28/2009
  5. Utilization review determination dated 12/17/2008
  6. Adverse determination dated 1/16/2009
  7. Case assignment by dated 2/18/2009
  8. Clinical note dated 1/30/2009
  9. Independent review organization by dated 1/9/2009
  10. Preauthorization for workers comp dated 12/3/2008 & 1/9/2009
  11. Patient visit dated 6/21/2007 to 11/8/2008
  12. Clinical note by MD dated 5/31/2007
  13. MRI of the lumbar spine by MD dated 5/8/2007
  14. Lower extremity electrodiagnostic study by MD dated 5/16/2007
  15. Electrodiagnostic results dated unknown
  16. Operative report by MD dated 12/21/2007
  17. Clinical note dated 12/11/2008
  18. Peer to peer review dated 12/8/2008
  19. Procedure report by MD dated 7/13/2007
  20. Precertification request dated 10/30/2008
  21. Request for authorization by MD dated 10/20/2008
  22. Interdisciplinary chronic pain management program dated unknown
  23. Status report dated unknown
  24. Letter of medical necessity by MD dated 10/17/2008
  25. Chornic pain dated 10/6/2008
  26. Clinical note by DC dated 10/1/2008
  27. Patient information dated unknown
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28. Clinical observations dated 10/20/2008
29. Clinical note by dated 2/2/2009
30. Disability duration guidelines dated unknown
31. Preatuthorizaiton for workers dated 7/30/2008 to 1/9/2009
32. Patient visit dated 6/21/2007 to 11/6/2008
33. Clinical note by MD dated 2/31/2007 & 5/31/2007
34. Initial exam dated 5/31/2007
35. Procedure report by MD dated 7/13/2007
36. MRI of the lumbar spine by MD dated 5/8/2007
37. Lower extremity electrodiagnostic study by MD dated 5/16/2007
38. Electrodiagnostic results dated unknown
39. Operative report by MD dated 12/21/2007
40. Report of medical evaluation dated 6/5/2008
41. History and physical exam by DO dated 6/5/2008 & 6/6/2008
42. Request for reconsideration by MD dated 1/9/2009
43. Utilization review determination dated 11/4/2008 & 12/17/2008
44. Adverse determination dated unknown
45. Prescription note dated 12/6/2008 & 12/8/2008
46. Clinical note dated 12/11/2008
47. Peer to peer review dated 12/8/2008
48. Precertification request dated 10/30/2008
49. Request for authorization by MD dated 10/20/2008
50. Interdisciplinary chronic pain management program dated unknown
51. Status report dated unknown
52. Letter of medical necessity by MD dated 10/17/2008
53. Chronic pain management dated 10/6/2008
54. Clinical note by DC dated 10/1/2008
55. Patient information dated unknown
56. Clinical observations by MA dated 10/20/2008
57. New medical fee guidelines dated unknown
58. Worker's compensation dated unknown
59. Request for reconsideration by dated 11/12/2008
60. Fax page dated 11/4/2008 & 1/16/2009
61. Independent review organization dated unknowwn
62. Adverse determination dated 1/18/2009
63. Clinical note by MD dated 9/17/2008
64. Letter of clarification by dated 7/3/2008
65. Letter of clarification by DO dated 7/9/2008
66. Report of medical evaluation dated 6/5/2008
67. Clinical note dated 7/15/2008
68. Clinical note by dated 7/2/2008
69. Status report dated 4/13/2008 & 4/16/2008
70. Preauthorization request dated unknown
71. Clinical observation dated 1/162008
72. Clinical note dated 5/7/2008 to 1/15/2009
73. Range of motion dated 6/5/2008
74. Clinical note by MD dated 5/15/2008 & 9/4/2008
75. Clinical note dated 3/5/2008
76. Authorization form dated 2/25/2008
77. Status report dated 12/8/2008
78. Electrodiagnostic study by MD dated 5/16/2007
79. Electrodiagnostic results dated unknown
80. Clinical note dated 8/7/2008
81. Examination report dated 4/13/2008
82. Clinical note dated 11/3/2008 & 12/1/2008
83. Addendum by MD dated 9/25/2008
84. Official Disability Guidelines (ODG)

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

The injured employee is a xx year old who presented with back, hip, and leg pain. Notes indicate the left side is worse than the right. The date of injury was xx/xx/xx. The injured employee fell at work. An MRI revealed L4-L5 annular tear with bulging that contacts L5 roots, and L5-S1 facet arthrosis.

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

The patient is a xx year old male who is reported to have sustained an injury to his low back on xx/xx/xx. On this date the patient was employed as a for xxxx. He was unloading a trailer of groceries on a wet and rainy day, when he slipped off the ramp and fell as he attempted to reach the falling dolly. He sustained a compensable injury to his low back.

An extensive clinical record was submitted. The record contains an MRI of the lumbar spine dated 5/08/2007. This study reported disc desiccation at L2-3 and L4-S1. There is a reported rudimentary or vestigial disc at L5-S1. There is no instability noted. At L1-2, there is no evidence of a herniated disc or spinal stenosis. The neural foramina are patent. There is facet joint space narrowing noted bilaterally. There is facet effusion noted on each side. At L2-3, there is a 1 mm broad based disc protrusion present partially effacing the ventral epidural fat minimally narrowing the neural foramina about 10-15% on both sides. There is facet arthrosis noted bilaterally. Facet effusions are noted on each side. At L3-4, there is a .5-1mm bulge of the annulus not impinging upon neural structures. The neural exit foramina are patent. At L4-5, there is a 2-3 mm broad based disc protrusion present with midline to right paramidline annular tear. This effaces the ventral epidural fat contacting the anterior margin of the descending L5 nerve roots on the right side, and minimally narrows the neural foramina about 15% on the left side and about 30% on the right side. The facet arthrosis is noted bilaterally. There is minimal facet effusion on the left side. At L5-S1, there is a .5 mm bulge of the annulus present not impinging upon neural structures. The descending S1 nerve roots are symmetrical. Facet arthrosis is noted bilaterally.

The record indicates extensive conservative treatment. He has been treated with oral medications, physical therapy, interventional procedures, with no sustained improvement. The patient additionally has undergone individual psychotherapy, and participated in a chronic pain management program. The record includes report of lumbar discography dated 7/13/2007. This study indicates the patient has a transitional S1-2 intervertebral disc space, which was rudimentary and not studied. The reported discography indicates abnormal disc morphology at L3-4, noting a posterior fissure, with concordant back pain graded as 7/10. At L4-5, the disc was firm, the morphology was normal, and it did not generate any pain. At L5-S1, resistance was slightly reduced. There are anterior posterior fissures, and the patient has concordant pain graded as 8/10. The post discogram CT noted grade II posterior annular fissure present in the disc, consistent with the appearance of the discogram, with normal facets. At L4-5, the nuclear pattern is normal, with no fissuring present. At L5-S1, there is a grade 5 fissure present in the central and left portion of the disc with contrast leaking into the epidural space. I would note this report does not include opening and closing pressures. Records further indicate the patient underwent EMG/NCV studies on 5/16/2007, which fail to identify any evidence of lumbosacral radiculopathy, but did note left sided peroneal and tibial motor neuropathy, and a left sural sensory neuropathy. Records indicate the patient was subsequently referred for CPMP on 10/20/2008. At this time the patient is reported to have significantly elevated Beck Depression Inventory indicating a moderate level of depression and moderate level of anxiety, with moderately high scores on the brief battery for health improvement. The recommendation was to improve the patient's functional abilities so that surgery could be avoided. The evaluator noted the patient is not experiencing significant improvement in most areas of psychological disturbance through psychotherapy. He subsequently was recommended to participate in chronic pain management program x 10 days. Records indicate Dr. requested the performance of lumbar discography at L3-4, L4-5, and L5-S1.

In regards to the current request, the repeat lumbar discography at L3-4, L4-5, and L5-S1 is not medically necessary or supported by current evidence based guidelines. The available record indicates the patient has a long standing history of low back pain, and clearly has exhausted all conservative treatment. As part of his diagnostic workup, the patient has undergone MRI of the lumbar spine, and later was referred for lumbar discography on 7/13/2007. This study was performed appropriately as a negative control level at L4-5, with documented evidence of normal nuclear pattern, and no compromise of the disc. There is concordance established at L3-4 and L5-S1. Given that the patient has a positive discogram, there would be no indication to perform a repeat study. Also, a clinical note dated 10/20/2008, authored by Jennifer Wadsworth, MA, LPC, indicates the patient has significant psychological issues at this time. The patient is noted to have an elevated BDI, BAI, which has been unresponsive to individual psychotherapy. This would clearly make the patient a poor candidate for repeat discography, and has strong potential to result in false report. Current evidence based guidelines require a patient receive a preoperative psychiatric clearance to address any potentially confounding issues that could skew the data of this study. Given the previous study dated 7/13/2007, which appears to have been properly performed, with a negative control, which clearly identified two levels of concordant pain at L3-4 and L5-S1, a repeat discogram would not be medically necessary. 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)

AMR Tracking Num: 108416