

# P&S Network, Inc.

8484 Wilshire Blvd, Suite 620, Beverly Hills, CA 90211

Ph: (323)556-0555 Fx: (323)556-0556

## Notice of Independent Review Decision

**DATE OF REVIEW:** January 9, 2009

**IRO CASE #:**

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

This case was reviewed by a Pain Management doctor, Licensed in Texas and Board Certified. The reviewer has signed a certification statement stating that no known conflicts of interest exist between the reviewer and the injured employee, the injured employee's employer, the injured employee's insurance carrier, the utilization review agent (URA), any of the treating doctors or other health care providers who provided care to the injured employee, or the URA or insurance carrier health care providers who reviewed the case for a decision regarding medical necessity before referral to the IRO. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

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

Injection procedure for discography, each level; lumbar

### **REVIEW OUTCOME**

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

Upheld (Agree)

### **INFORMATION PROVIDED TO THE IRO FOR REVIEW**

- o Submitted medical records were reviewed in their entirety.
- o Treatment guidelines were provided to the IRO.
- o December 8, 2008 appeal report from PRI
- o December 4, 2008 pre-authorization report from PRI
- o December 4, 2008 letter
- o December 9, 2008 letter
- o November 21, 2008 to December 4, 2008 records
- o November 18, 2008 designated doctor report by, M.D.

### **PATIENT CLINICAL HISTORY [SUMMARY]:**

According to the medical records, the patient sustained an industrial injury on xx/xx/xx. According to a November 18, 2008 designated doctor report, the patient injured her low back when lifting a box weighing approximately 110 pounds. She was initially treated with physical therapy which made no material difference in her symptoms. She underwent two epidural steroid injections without any material change in her condition. She has subsequently undergone pain management with Lyrica, Norco, and ibuprofen.

The designated doctor report outlines the results of the February 1, 2008 lumbar MRI report. The impression was a moderate degree of spondylosis throughout. At L4-5, there was a broad-based diffuse bulging annulus with slight compression of the nerve root at the exit bilaterally without herniated nucleus pulposus with foraminal stenosis noted bilaterally due to hypertrophy of the facet joint with early spinal stenosis also noted at this level. At L5-S1, there was a lateral disc bulge on the left with compression of the nerve root at the exit without any frank herniated include pulposus along with early spinal stenosis and foraminal stenosis. The rest of the interspaces were largely unremarkable with only a possible indication of juvenile epiphysitis.

The report states that the patient was seen by a spine surgeon on September 24, 2008. His impression was lumbar radicular syndrome, disc resorption with marked annular bulging contributing to central and foraminal stenosis bilaterally at L4-5 and L5-S1, probable discogenic pain at L4-5 and L5-S1, and possible facet syndrome from L1 to S1. He recommended diagnostic

caudal epidural steroid injection with possible repeat or facet blocks and/or discography depending on the response.

The patient was examined by the designated doctor and the diagnosis was listed as "Lumbar strain with evidence of spondylosis of L4-5 and L5-S1." Specifically, examination findings included somewhat restricted lumbar range of motion, diminished perception of vibratory sense at 30 cycles per second on the medial aspect of the right calf, symmetric deep tendon reflexes, no appreciable atrophy, straight leg raise in the supine position 47 degrees on the right and 64 degrees on the left, seated straight leg raise 82 degrees on the right and 80 degrees on the left good strength, and one out of eight Waddell's signs.

The patient reportedly had a prior discogram for her previous injury which revealed a leaking disc, but no pain. The patient stated that a discogram with a possible lumbar fusion is now contemplated. The designated doctor stated that the recent Official Disability Guidelines indicate that discography is not recommended. He deemed the patient to have reached maximum medical improvement. She was provided 5% whole person impairment.

She was seen on November 21, 2008 by a management clinic. The report states that after the caudal injection performed on October 23, 2008, lumbar discography at the lower three levels is now requested. The report states that the patient is not getting a sufficient amount of pain relief from the current prescriptions and her dosage of hydrocodone was increased.

The request for a discogram was reviewed on December 4, 2008 and a non-certification recommended. The report states that there was no indication as to why a lumbar discogram/CT had been requested and how this will be helpful in the overall treatment plan. The report also states that there was also no clear detail provided as to whether other significant pain generators are occurring, such as myofascial pain, facet mediated pain, radicular pain, or sacroiliac joint mediated pain. There was no clear detail provided as to what specific outcomes have been achieved from the previous injection treatment.

The case was again reviewed on December 8, 2008 and another non-certification rendered. The report cited the Official Disability Guidelines, which state that discography is not recommended.

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

As noted below, the Official Disability Guidelines do not recommend discography. The guidelines provide patient selection criteria for discography if the provider and payor agree to perform anyway. However, the patient does not meet these criteria. Although there is an indication in the records that the patient has undergone a psychological evaluation, it is not clear that she has had a detailed psychosocial assessment recently prior to consideration for the discogram. In addition, these criteria state that if the discogram is pursued, it is intended as a screen for surgery. It is not clear that the patient is a surgical candidate, as the patient's neurological status is largely intact. It is not clear if the patient has been briefed on potential risks and benefits from discography and surgery.

Therefore, my determination is to uphold the previous determination to non-certify the request for injection procedure for discography, each level; lumbar.

The IRO's decision is consistent with the following guidelines:

**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 KNOWLEDGBASE

\_\_\_\_ 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

Official Disability Guidelines (2009)/Lumbar Chapter:

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. Discography may be justified if the decision has already been made to do a spinal fusion, and a negative discogram could rule out the need for fusion (but a positive discogram in itself would not allow fusion). (Carragee-Spine, 2000) (Carragee2-Spine, 2000) (Carragee3-Spine, 2000) (Carragee4-Spine, 2000) (Bigos, 1999) (ACR, 2000) (Resnick, 2002) (Madan, 2002) (Carragee-Spine, 2004) (Carragee2, 2004) (Maghout-Juratli, 2006) (Pneumaticos, 2006) (Airaksinen, 2006) Discography may be supported if the decision has already been made to do a spinal fusion, and a negative discogram could rule out the need for fusion on that disc (but a positive discogram in itself would not justify fusion). Discography may help distinguish asymptomatic discs among morphologically abnormal discs in patients without psychosocial issues. Precise prospective categorization of discographic diagnoses may predict outcomes from treatment, surgical or otherwise. (Derby, 2005) (Derby2, 2005) (Derby, 1999) Positive discography was not highly predictive in identifying outcomes from spinal fusion. A recent study found only a 27% success from spinal fusion in patients with low back pain and a positive single-level low-pressure provocative discogram, versus a 72% success in patients having a well-accepted single-level lumbar pathology of unstable spondylolisthesis. (Carragee, 2006) The prevalence of positive discogram may be increased in subjects with chronic low back pain who have had prior surgery at the level tested for lumbar disc herniation. (Heggeness, 1997) Invasive diagnostics such as provocative discography have not been proven to be accurate for diagnosing various spinal conditions, and their ability to effectively guide therapeutic choices and improve ultimate patient outcomes is uncertain. (Chou, 2008) Although discography, especially combined with CT scanning, may be more accurate than other radiologic studies in detecting degenerative disc disease, its ability to improve surgical outcomes has yet to be proven. It is routinely used before IDET, yet only occasionally used before spinal fusion. (Cohen, 2005) Discography involves the injection of a water-soluble imaging material directly into the nucleus pulposus of the disc. Information is then recorded about the pressure in the disc at the initiation and completion of injection, about the amount of dye accepted, about the configuration and distribution of the dye in the disc, about the quality and intensity of the patient's pain experience and about the pressure at which that pain experience is produced. Both routine x-ray imaging during the injection and post-injection CT examination of the injected discs are usually performed as part of the study. There are two diagnostic objectives: (1) to evaluate radiographically the extent of disc damage on discogram and (2) to characterize the pain response (if any) on disc injection to see if it compares with the typical pain symptoms the patient has been experiencing. Criteria exist to grade the degree of disc degeneration from none (normal disc) to severe. A symptomatic degenerative disc is considered one that disperses injected contrast in an abnormal, degenerative pattern, extending to the outer margins of the annulus and at the same time reproduces the patient's lower back complaints (concordance) at a low injection pressure. Discography is not a sensitive test for radiculopathy and has no role in its confirmation. It is, rather, a confirmatory test in the workup of axial back pain and its validity is intimately tied to its indications and performance. As stated, it is the end of a diagnostic workup in a patient who has failed all reasonable conservative care and remains highly symptomatic. Its validity is enhanced (and only achieves potential meaningfulness) in the context of an MRI showing both dark discs and bright, normal discs -- both of which need testing as an internal validity measure. And the discogram needs to be performed according to contemporary diagnostic criteria -- namely, a positive response should be low pressure, concordant at equal to or greater than a VAS of 7/10 and demonstrate degenerative changes (dark disc) on MRI and the discogram with negative findings of at least one normal disc on MRI and discogram. See also Functional anesthetic discography (FAD).

Discography is Not Recommended in ODG.

Patient selection criteria for Discography if provider & payor agree to perform anyway:

-Back pain of at least 3 months duration

-Failure of recommended conservative treatment including active physical therapy

- 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)
- 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)
- 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.
- Briefed on potential risks and benefits from discography and surgery
- Single level testing (with control) (Colorado, 2001)
- Due to high rates of positive discogram after surgery for lumbar disc herniation, this should be potential reason for non-certification