



CLAIMS EVAL

*Utilization Review and
Peer Review Services*

Notice of Independent Review Decision-WC

CLAIMS EVAL REVIEWER REPORT - WC

DATE OF REVIEW: 7-16-09

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Lumbar Discogram L4-L5 and L5-S1 post CT scan

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

American Board of Orthopaedic Surgery-Board Certified

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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- 1-14-09 MD., office visits from 1-14-09 through 5-27-09.
- 2-2-09 MD., performed a Required Medical Evaluation.
- 3-12-09 caudal epidural steroid injection at L5-S1.
- 5-28-09 MD., performed a Utilization Review.
- 6-1-09 MD., provided a letter.
- 6-8-09, MD., performed a Utilization Review.

PATIENT CLINICAL HISTORY [SUMMARY]:

MD., the claimant is seen for a follow-up. She complains of chronic burning pain with radiation to her left leg. She has weakness, numbness and tingling in her left leg. Her pain has increased. She has reached MMI. Without any new injury, she has had increased pain into the left lower extremity. Attempts to find a job have been unsuccessful. Her medications include Daypro, Flexeril, Darvocet, Lyrica, and Cymbalta. On exam, the claimant has no atrophy. The claimant has an antalgic gait. Motor strength is 5/5, DTR are absent in the left Achilles and diminished on the right. Sensory exam is normal. Range of motion is limited at the lumbar spine. There is tenderness and spasms on palpation. SLR reproduces radiculopathy on the left. Diagnosis provided included post laminectomy syndrome and left sciatica. The evaluator recommended an MRI with and without contrast.

2-2-09 MD., performed a Required Medical Evaluation. It was his opinion that the claimant should continue her medications, with the exception of Darvocet, which should be discontinued due to recent adverse findings regarding this particular medicine. It is quite possible that the claimant will require medication for at least the next six months. The evaluator did not believe any other medications, with the possible exception of an anti-inflammatory, are reasonable and necessary for this patient's immediate future. He felt the claimant should continue to see Dr.. The evaluator recommended that she see him approximately every six weeks for the next three to six months while she still has significant symptoms. Dr. can adjust the patient's medications as necessary. The evaluator felt the claimant's current treatment is reasonable and necessary. The evaluator did not think that she needs any formal physical therapy but should definitely

participate in a home exercise program and a daily walking program. It might well be, as he had stated above, that this patient would be considered a candidate for a work-hardening program at some time in the near future. The evaluator did not see the need for any further injective therapy or diagnostic testing. Current treatment should probably continue for the next three to six months at which time the evaluator felt she would reach an endpoint although, at that time, she might still have some residual symptoms. These residual symptoms, in all likelihood, would not respond favorably to any further long-term treatment. The claimant is not using a TENS unit, and the evaluator did not see the need for this in the future.

Follow-up visit with Dr. dated 2-5-09 notes the claimant continues with low back pain with radiation to the left leg. The claimant feels that Lyrica, Daypro and Flexeril have been helping. The evaluator noted the claimant received authorization for lumbar MRI.

Follow-up visit dated 3-5-09 with Dr. notes the claimant continues with her low back pain with radiation to the left leg. She reports numbness in the left leg and right foot, as well as weakness in the left leg. The claimant is continued with her medications. The evaluator recommended a lumbar epidural steroid injection at L5-S1. The claimant reports that Darvocet has been very helpful.

On 3-12-09, the claimant underwent a caudal epidural steroid injection at L5-S1.

On 3-31-09, Dr. noted that the epidural steroid injection did not help. She continues with chronic burning and throbbing low back pain and mid back pain with radiation to the left leg. The claimant reports her pain is 10/10. The claimant is continued with her medications.

On 5-27-09, Dr. reported the claimant has recurrent herniation and severe pain. He noted that the adjuster has denied authorization for the lumbar discogram; using the excuse that Dr. felt the patient did not need any further care, other than minimal postoperative visits. He noted that the adjuster knows, or should know, that Dr. saw the patient before the new workup was carried out. As expected, there are multiple abnormalities that need to be addressed. The adjuster should also know that the patient is in very severe pain and needs testing so that surgery can be pursued. The other excuse that is being used is that the patient has reached maximum medical improvement. The evaluator noted that in his opinion, the claimant has not reached maximum medical improvement. It is obvious she has not done so and needs surgery at this time. He noted that also, the fact that the patient has reached maximum medical improvement for a worker's compensation injury does not mean that the patient can now be discarded and no longer helped. Maximum medical improvement does not mean that future medical care and tests should be refused to a patient.

5-28-09 MD., performed a Utilization Review. It was his opinion that the request for lumbar discogram at L4-L5 and L5-S1 levels with post CT scan is not recommended as medically necessary. Discography is not supported by ODG Guidelines. Additionally,

there is no psychological evaluation submitted for review clearing the claimant for any type of lumbar procedure.

On 6-1-09, Dr. provided a letter noting he received a request, for a letter of medical necessity regarding lumbar discogram. It is obvious that since he had requested this study twice before, he felt it is medically necessary. She has severe pain in the lumbar spine and severe radiculopathy. The lumbar spine is at times the most severe component of her pain. The evaluator noted that he believed she is a candidate for fusion at the L5-S1 level, as well as wide decompression. However, fusions should not be considered until the condition of the cephalad level is assessed. Therefore, he felt this study is needed prior to making a proper decision as to the type of intervention that would be required.

6-8-09 MD., performed a Utilization Review. The evaluator noted discography is not a recommended diagnostic test as per ODG and has little value of predicting outcomes of back surgery. A Peer to Peer was performed with Dr.. They discussed the case. No additional medical information provided. Recommendation is unchanged.

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

Based on the medical records provided, the discogram may aid in determining whether a fusion at L5-S1 would improve the patient's symptoms. The patient does have both a radicular and axial component to her back pain. The fact that the patient did not improve with the epidural injections may support the argument that all of her pain is "discogenic" in nature. The discogram may help determine whether this is in fact the case. Therefore, the requested Lumbar Discogram L4-L5 and L5-S1 post CT scan is certified.

ODG-TWC, last update 6-25-09 Occupational Disorders of the Low Back – Lumbar Discogram: 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) Provocative discography is not recommended because its diagnostic accuracy remains uncertain, false-positives can occur in persons without low back pain, and its use has not been shown to improve clinical outcomes. (Chou2, 2009) 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:

- o Back pain of at least 3 months duration
- o Failure of recommended conservative treatment including active physical therapy
- o 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)
- o 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)
- o 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.
- o Briefed on potential risks and benefits from discography and surgery
- o Single level testing (with control) (Colorado, 2001)
- o Due to high rates of positive discogram after surgery for lumbar disc herniation, this should be potential reason for non-certification

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
- 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)