



# Lumetra

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## Notice of Independent Review Decision

**DATE OF REVIEW:** 3/24/09

**IRO CASE #:**

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

Discogram, CT Scan, Interpretation of Discogram

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

Certified by the American Board of Neurological 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	724.2	62290	Upheld
		Prospective	724.2	62290	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.

Preauthorization request dated 3/13/09

Physician notes dated 01/28/09, 11/10/08, 10/15/08, 10/6/08, 9/29/08, 8/4/08, 4/16/08

MRI reports dated 9/29/08, 9/16/08, 10/3/07

Official Disability Guidelines cited-Low Back Chapter

**PATIENT CLINICAL HISTORY:**

According to the information provided, this patient was injured on xx/xx/xx from an accident where she fell on her back. The patient presented with severe low back pain. The clinic note of 10/6/08 noted that the patient has severe low back pain that does not radiate to the lower extremity. Physical examination reveals severe reverse dorsolumbar pain indicative of the possibility of instability. MRI on flexion-extension was read as no

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evidence of instability. MRI of the lumbar spine dated 10/3/07 reported grossly unremarkable examination with minimal left lateral disc bulge at L5-S1 with no exiting nerve root compression or central canal stenosis. Subsequent MRI dated 9/16/08 reported 2 mm central disc bulge at L2-3, L3-4 and L4-5 with slight to marginal impression on dura but not on the nerve roots. At L5-S1 there is a 3 mm central bulge of the disc with no impression on dura, no impression on the origin of the nerve roots. The patient was seen in follow up on 1/28/09 presenting with severe low back pain that does not radiate to the lower extremities. Physical examination again reveals severe reversed dorsal lumbar pain indicative of possible instability. A request for lumbar discogram was submitted.

### **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, CT scan, interpretation of discogram is not indicated as medically necessary. The patient is noted to have sustained an injury to the low back, secondary to a fall in xx/xx/xx. The patient has been treated conservatively with medications and interventional pain therapy. MRI of the lumbar spine in 10/2007 was reported as grossly unremarkable with minimal left lateral disc bulge at L5-S1 but no nerve root compression or central canal stenosis. Repeat MRI/positional study revealed 2 mm central disc bulges at L2-3, L3-4 and L4-5 with no nerve root compression. At L5-S1 a 3 mm central bulge was noted with no impression on the dura or origin of the nerve roots. There was no evidence of instability on flexion-extension views. Physical examination noted only "Severe reverse dorsolumbar pain indicative of the possibility of instability". There is no detailed physical examination report including motor and sensory examinations, deep tendon reflex assessment, straight leg raising, etc. Therefore, given the current clinical findings, noting the objective findings as well as subjective complaints, the request for lumbar discogram is denied. Per the Reviewer, current evidence based guidelines have significantly questioned the use of discography results as a preoperative indication for either IDET or spinal fusion.

#### Reference: ODG

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.
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**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)