



Specialty Independent Review Organization

**Notice of Independent Review Decision**

**DATE OF REVIEW:** 11/25/09

**IRO CASE #:**

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

The services under dispute include a cervical discogram.

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

The reviewer is a Medical Doctor who is board certified in Orthopedic Surgery. He has been practicing for greater than 15 years and performs this type of service in his daily practice.

**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)

The reviewer agrees with the previous adverse determination regarding all services under review.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Records were received and reviewed from the following parties:

These records consist of the following (duplicate records are only listed from one source): : 11/3/09 denial letter and 10/14/09 denial letter.

Dr.: orthopedic reports 2/6/09 to 9/27/09, 8/17/09 to 9/2/09 reports by MD, 7/22/09 psychosocial screening, 11/19/08 report by MD, 10/20/08 to 11/7/08 reports by DC, study from CKU: Spine 3, 2006 pg 143-44, pgs 81-4 from OKU: Spine 2, TMB Fall 2007 journal pg 1 and 6-7, study regarding discographic findings from Spine 2005 (July), article Spine. 31(5)560-66, article from Korean Med Sci Journal re: discography, pgs 46-55 article re: Diskography and eval of LBP by Pneumaticos, S, pgs. 269-71 of article regarding provocative discography

by , E, article regarding DDD Spine 2002, Aug 1 27 (15) by KR, 9/17/09 MMT and ROM test report, 7/22/09 BHI<sup>2</sup> report, surgery reservation sheet, 6/8/09 left elbow, cervical and left shoulder xray reports, 11/16/08 cervical and brain MRI reports, 10/3/08 radiological reports of Cspine and CT of brain, 4/1/09 operative report, 3/25/09 approval letter by , pg 71 of Jour Bone and Jt Surgery Vol 89a, supplement 3, 2007, article re: ESI for DDD by Buttermann, Spine 2004 Sep-Oct, ESI by Hession WG Semn Roentgenol, 2004 Jan, JB&JS article regarding nerve root blocks and lumbar radic pain by Rlew, K et al 2006, copy of ESI section of ODG and pgs 382-83 of AMA Guides to Eval of Perm Impairment (unknown edition).

We did not receive a copy of the ODG Guidelines from Carrier/URA.

**PATIENT CLINICAL HISTORY [SUMMARY]:**

This case involves a male. He has persistent neck pain which has lead to a MRI of the cervical spine revealing C3/4 and C4/5 HNP. No clear cut radicular pain or weakness noted, but axial pain remains.

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

Discography is not recommended in ODG. Conflicting evidence exists in this area, though some recent studies condemn its use as a preoperative indication for IDET or Fusion, and indicate that discography may produce symptoms in control groups more than a year later, especially in those with emotional and chronic pain problems. Cervical discography has been used to assist in determining the specific level or levels causing the neck pain and, potentially, which levels to fuse; however, controversy regarding the specificity of cervical discograms has also been debated and more research is needed. Assessment tools such as discography lack validity and utility. 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. Therefore, the requested service is not approved after review of the records provided.

**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)**