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DATE OF REVIEW: 11/23/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

IRO - Cervical Discogram with post CT

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

This case was reviewed by a Texas licensed MD, specializing in Orthopedic Trauma, Orthopedic Surgery. The physician advisor has the following additional qualifications, if applicable:

ABMS Orthopaedic Surgery

REVIEW OUTCOME:

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

Upheld

Health Care Service(s) in Dispute	CPT Codes	Date of Service(s)	Outcome of Independent Review
IRO - Cervical Discogram with post CT UPHELD	62291, 72285, 77003, 72126	-	Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

No	Document Type	Provider or Sender	Page Count	Service Start Date	Service End Date
1	IRO Request		19		
2	Initial Approval Letter		5	10/29/2007	11/20/2007
3	Initial Approval Letter		3	05/13/1999	05/13/1999
4	Office Visit Report		2	04/02/1998	04/02/1998
5	Office Visit Report		4	12/15/1998	01/14/1999
6	Office Visit Report		4	04/23/2002	06/23/2003
7	Office Visit Report		5	05/08/2002	08/02/2002
8	Designated Doctor Report	MD	41	03/11/2008	05/19/2009
9	Initial Denial Letter		17	10/15/2009	10/28/2009

10	Initial Denial Letter		9	12/21/2007	03/05/2008
11	Diagnostic Test		2	10/24/2003	10/24/2003
12	Diagnostic Test		1	11/25/1998	11/25/1998
13	Diagnostic Test		2	12/28/1998	12/28/1998
14	Diagnostic Test		5	09/19/2007	07/10/2009
15	Diagnostic Test		34	10/10/2007	10/26/2007
16	Diagnostic Test		2	07/27/2000	07/27/2000
17	Diagnostic Test		2	12/15/1998	12/15/1998
18	Diagnostic Test		1	08/25/2004	08/25/2004
19	Diagnostic Test		16	11/28/2007	11/28/2007
20	FCE Report		15	09/19/2007	10/09/2009
21	FCE Report		13	12/16/1999	12/16/1999
22	FCE Report		13	02/10/1999	02/10/1999
23	IME Report		11	05/04/1999	12/07/1999
24	IME Report		9	03/05/2007	09/05/2007
25	Impairment/Disability Rating Report		20	02/04/1999	10/28/1999
26	Archive		15		
27	IRO Request		13	10/29/2009	11/02/2009
28	Op Report		1	04/28/2000	04/28/2000
29	Op Report		2	01/07/2003	01/07/2003
30	Op Report		2	07/29/1999	07/29/1999
31	Office Visit Report		6	11/16/2005	04/17/2006
32	Office Visit Report		11	05/23/2002	08/30/2006
33	Office Visit Report		3	01/11/1999	01/11/1999
34	Office Visit Report		1	01/14/2000	01/14/2000
35	Office Visit Report		7	10/15/2001	10/22/2001
36	Office Visit Report		23	09/19/2007	10/09/2009
37	Office Visit Report		2	12/15/1999	12/15/1999
38	Office Visit Report		2	11/18/1998	11/20/1998
39	Office Visit Report		2	09/10/2004	09/24/2004
40	Office Visit Report		1	04/24/2008	04/24/2008
41	Office Visit Report		3	06/15/2000	11/20/2000
42	Office Visit Report		3	01/06/2000	02/07/2000
43	Office Visit Report		11	12/14/1998	10/27/1999
44	Psych Evaluation		1	04/04/2002	04/04/2002
45	PT Notes		2	12/18/2000	12/18/2000
46	Initial Request		3	06/24/2008	10/20/2008
47	Initial Request		2	06/09/2008	06/09/2008
48	Office Visit Report		1	02/20/2002	02/20/2002

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female with a history of slip and fall on xx/xx/xx producing cervical, thoracic and lumbar spine pain. Apparently, symptoms as a result of this injury resolved and another injury occurred xx/xx/xx as a result of a straining effort. She was working when the straining injury occurred. She has been unable to continue or resume work subsequent to this injury. Normal spine x-rays of the cervical spine and minimal thoracic scoliosis concave, left were obtained ON 11/25/98. The patient has been evaluated and treated by a number of physicians, chiropractors, surgeons and physical therapist. Chiropractor evaluations and treatments have been provided multiple physicians. Radiology services have been provided. Multiple

medical evaluations have been provided. Currently, she is complaining of chronic cervical pain, interscapular pain and tenderness, bilateral shoulder pain and arm pain and tingling. She continues to suffer low back pain and has recently developed hyper reflexia in the right lower extremity. MRI scan of the lumbar spines suggests mild degenerative disc disease L4-L5 and L5-S1. The hyper reflexia changes are being attributed to cervical stenosis. A resting right lower extremity tremor has also been documented. A recommendation for ACDF C3-C4 is pending the performance of a cervical discogram. A request to authorize the performance of cervical discogram has been submitted and repeatedly denied.

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

This patient has a complex problem. The most current findings include a resting tremor of the right lower extremity and a hyper reflexia. Both findings are suggestive of central nervous system pathology. However, there is no specific evaluation of these findings by a neurologist. No MRI scan of the brain has been obtained. No EEG has been performed. The suggestion that a cervical stenosis could produce such findings is present; however, it is not well supported. The usual symptoms and findings of a cervical stenotic lesion producing long tract upper motor neuron pathology include sensory findings, urinary and fecal incontinence, clumsiness and other findings. Such findings are not documented in this medical record.

The medical necessity and appropriateness of a cervical discogram is not established. The prior denials appear to be correct and should be upheld.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

ODG: Neck & Upper back chapter

Discography	<p>Not recommended. 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. (Carragee, 2000) (Carragee2, 2000) (Bigos, 1999) (Grubb, 2000) (Zeidman, 1995) (Manchikanti, 2009) 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. (Wieser, 2007) Assessment tools such as discography lack validity and utility. (Haldeman, 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)</p> <p>Discography is Not Recommended in ODG. See also the Low Back Chapter.</p> <p>Patient selection criteria for Discography if provider & payor agree to perform anyway:</p> <ul style="list-style-type: none"> o Neck pain of 3 or more months o Failure of recommended conservative treatment 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
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	<p>disc to validate the procedure by a lack of a pain response to that injection)</p> <ul style="list-style-type: none">o Satisfactory results from psychosocial assessment (discography in subjects with emotional & chronic pain has been associated with reports of significant prolonged back pain after injection, and thus should be avoided)o Should be considered a candidate for surgeryo Should be briefed on potential risks and benefits both from discography and from surgeryo Due to high rates of positive discogram after surgery for disc herniation, this should be potential reason for non-certification
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Per OKU 9, 2009, Degenerative Disease of the Cervical Spine Chapter 44, pg 541: "...The diagnostic accuracy of cervical discography is controversial. Because success rates of nonsurgical management for axial neck pain are good, and the risk of esophageal, vascular, infectious, or other complications from cervical discography are relatively high for a diagnostic test, cervical discography is infrequently performed and poorly validated..." The study is not recommended by the ODG, neck and upper back chapter, discography passage cited above. This patient has not been given a recommendation for a surgical procedure. Under such circumstances discography becomes justifiable in an effort to identify potential pain generator levels not otherwise recognized. The performance of the discography is being suggested prior to recommending a specific surgical procedure