



Specialty Independent Review Organization

Notice of Independent Review Decision

DATE OF REVIEW: 10/21/09

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item in dispute is the prospective medical necessity of a lumbar discogram at L3-4, L4-5, and L5-S1.

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

This review was performed by a Medical Doctor who is board certified in Physical Medicine and Rehabilitation. This provider performs this service in practice and has been practicing for greater than 15 years.

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 the prospective medical necessity of a lumbar discogram at L3-4, L4-5, and L5-S1.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the following parties: MD and Direct.

These records consist of the following (duplicate records are only listed from one source): Records reviewed from MD: Office Note – 8/25/09; MD Radiology report – 7/31/09; MD MRI report – 4/1/09.

Records reviewed from Direct: MD WC Pre-authorization request – 8/31/09; MD Pre-authorization request – undated; Referral to MD for EMG/NCV – 8/27/09; Specialist of Pain scripts x3 – 7/21/09, Patient History – 7/21/09.

A copy of the ODG was not provided by the Carrier or URA for this review.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient sustained a work related injury to the lower back in a motor vehicle collision. Lumbar spine x-rays were reported by M.D. to show degenerative disc disease at L3-L4 and at L4-L5 with minor spondylosis at the remaining level. Bone density appeared normal.

MRI of the lumbar spine April 1, 2009 was reported by M.D. to show the following:

- At L3-L4: a 6 millimeter disc bulge with disc desiccation, mild disc height loss, facet osteoarthritis and mild bilateral foraminal narrowing.
- At L4-L5: an 8 millimeter broad-based/right paracentral disc bulge indenting the anterior thecal sac, contributing to moderate bilateral neural foraminal narrowing, with facet osteoarthritis. Potential contact of the right L5 nerve root and both exiting L4 nerve roots at this level from disc bulge.
- At L5-S1: a five millimeter disc bulge, facet osteoarthritis, disc desiccation, mild disc height loss, and moderate right and mild left neural foraminal narrowing. Disc bulge and facet spurring contact the exiting right L5 nerve root. Grade one posterior spondylolisthesis of L5.

In a clinic note from Specialists of Pain July 21, 2009, the treatment plan was to schedule or seek authorization for spinal nerve root block. The patient was referred to Dr. who saw him August 25, 2009. He complained of lower back pain mainly localized to the right lower back, radiating at times to the right knee, with numbness of the right front thigh for six months. Previous treatment included lumbar epidural steroid injections 3-4 times, the last one in December 2008. Examination revealed paraspinal spasm in the lumbosacral area, positive Patrick's sign on the right, facet joint tenderness, right sacroiliac tenderness, normal motor and sensory examination, restricted lumbar range of motion, intact knee and ankle reflexes and an antalgic gait on the right side. Dr. diagnosed degenerative disc disease, back ache, Sacroilitis and facet arthropathy/syndrome.

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

As stated in the ODG Guides, 2009 (Statements in italics are the reviewer's):

- Discography is Not Recommended in ODG.
- 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.... 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....
- ... 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.)

- 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. *Surgery has not been proposed.* 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.

The reviewer indicates that the ODG does not recommend said procedure. Secondly, surgery is not being proposed; therefore, the reviewer cannot in good faith recommend the requested procedure.

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)**