



CLAIMS EVAL

*Utilization Review and
Peer Review Services*

Notice of Independent Review Decision-WC

DATE OF REVIEW: 10-19-09

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Discography at L3-L4, L4-L5 and L5-S1, post discography CT

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.

PATIENT CLINICAL HISTORY [SUMMARY]:

Medical records reflect the claimant sustained an injury on xx/xx/xx. On this date, the claimant was involved in an accident. The claimant sustained an injury to the cervical spine, lumbar spine and right shoulder.

The claimant sought medical attention. He was provided treatment to include physical therapy, epidural steroid injections, and medications.

The claimant was seen by multiple providers to include MD., MD., MD., MD.,MD., MD., and MD.

It is noted the claimant has a past history of lumbar hemilaminectomy in 1989.

A CT scan post myelogram of the cervical spine dated 9-20-06 showed degenerative disc disease at C5-C6 with a superimposed central and right paracentral disc herniation with minimal mass effect on the spinal cord. There is small left paracentral C6-C7 disc herniation with minimal mass effect on the adjacent spinal cord.

Medical records reflect that on 3-13-07, the claimant underwent a two level anterior cervical decompression and fusion at C5, C6 and C7.

MRI fo the lumbar spine dated 4-9-07 showed right sided postoperative changes at L4-L5, left sided L4-L5, L3-L4 and L2-L3 disc bulge or shallow protrusion of questionable significance. There is a far right lateral L1-L2 disc protrusion.

An EMG/NCS of the lower extremities dated 6-27-07 showed the study was poorly tolerated. The findings were consisting with right L2, L3 and/or L4 nerve root irritation as well as obturator neuropathy.

An MRI of the lumbar spine dated 8-6-07 showed old right hemilaminotomy, L4-L5 and small residual/recurrent subligamentous herniation, more prominent on the right. There is a far left lateral L3-L4 herniation.

A CT scan of the lumbar spine post myelogram dated 12-6-07 showed minimal retrolisthesis L5-S1 with a broad dorsal disc protrusion, larger on the right and compatible with disc herniation. There was a far left dorsolateral disc protrusion at L4-L5.

On 12-10-07, MD., reported the claimant has pain in both of the L4 as well as the L5 distribution, buttocks, posterolateral thigh, posterior calf and down to the foot and great toes. The evaluator felt that the symptoms were due to spinal stenosis at L5-S1. Therefore, the evaluator recommended a combination decompression right sided L5-S1 plus fusion. This is a very large patient and there was concern regarding the surgery.

The claimant was seen by a Designated Doctor, DO., on 2-5-08. He certified the claimant had not reached MMI and estimated 5-26-08. The evaluator reported the

extent of the injury included cervical HNP C5, C6, C7, cervical radiculopathy, right shoulder impingement, cervicgia and lumbar disc disease.

A Functional Capacity Evaluation dated 2-19-08 showed the claimant was functioning at a Light PDL.

On 3-7-08, the claimant was evaluated by MD., for a surgical consultation. The evaluator reported that he did not believe that surgery would be beneficial. Here is a relative contraindication for claimant to receive transforaminal or posterior lumbar interbody fusion if previous posterior decompressive surgery has been performed due to the fact that epidural scarring would inhibit nerve root mobility and may actually increase its change of injury iatrogenically.

Medical records reflect the claimant was also treated with MD., for medication management.

On 6-4-08, DO., performed a Designated Doctor Evaluation. He certified the claimant had reached MMI on 5-26-08 and awarded the claimant 21% impairment.

On 5-14-08, MD., performed a Doctor Selected by Treating Doctor Evaluation. He certified the claimant had reached MMI on this date and awarded the claimant 20% impairment rating.

On 7-31-08, the claimant was evaluated by MD., who recommended the claimant participate in an interdisciplinary program. It was noted the claimant was not a surgical candidate without loss of weight. His medications needed to be adjusted to include wean or taper him from Methadone.

Medical records reflect the claimant participated in a course of pain management from 9-2-08 through 10-17-08.

Follow up with Dr. notes that there was an IRO decision declining surgery. The claimant was continued on his medications to include Suboxone, Vistaril, Lidoderm patches and Cymbalta.

An initial consultation with MD., dated 4-6-09 notes the claimant reports continued low back and leg pain, with the right pain being worse. He complains of right posterior thigh pain and right great toe pain. He has some numbness over his shin and into the right thigh as well. The claimant was seen by MD., who recommended surgery. Dr. and Dr. have also recommended surgery. On exam the claimant has positive SLR on tie right. DTR are normal. There is decreased sensation over the medial aspect of the right lower leg. There is numbness over the anterior thigh. He is unable to maintain heel walk on the right side. The evaluator recommended an MRI scan.

Followup with Dr. dated 4-30-09 notes the claimant was seen for MRI results. The claimant continues with lower back pain that radiates along the posterior aspect of his

legs. The claimant reports that the right side is worse than the left. The evaluator recommended physical therapy, as well as loosing at least 100 lbs. The evaluator also recommended a discogram and epidural steroid injection, but the claimant does not want to have epidural steroid injection. The claimant remains with the same work restrictions.

Followup visit with MD., on 5-15-09 notes the claimant complains of right lumbosacral pain with numbness from the right side of the thigh and right lateral shin into the right big toe. On exam, the claimant has full range of motion with pain. SLR is negative. DTR at right patella is 0/4. DTR are left patella and Achilles are 2/4. Manual muscle testing is 5/5. Sensation is decreased at left L3 dermatome. The evaluator recommended discography at the lower three lumbar levels. The evaluator recommended smoking cessation. The evaluator reported the claimant has failed physical therapy, medications, and epidural steroid injection. The purpose of the discogram is to serve as diagnostic purpose to determine whether his pain is of discogenic nature.

Followup with Dr. MD., on 8-13-09 notes the claimant reported that his back has worsened. The evaluator recommended a discogram as well as physical therapy for McKenzie exercises. The claimant will continue seeing Dr. for pain management.

On 8-26-09, a Utilization Review performed by MD., noted the claimant sustained an injury dated xx/xx/xx. Patient complained of low back pain radiating to bilateral lower extremities. It is aggravated by standing, walking and sitting but alleviated by lying down for short period; status post cervical fusion at C5-C7 in 2007; status post Laminectomy/discectomy possibly at L4-L5 in 1989. The documentation of conservative treatment at the lumbar area was not provided. The radiologist's report of the MRI of the lumbar spine was not included in the clinical notes submitted. There was no psychological assessment in the clinical notes submitted for review. Furthermore, it was not stated in the clinical notes an anticipated surgical procedure after the discogram. The necessity of the requested modality was not established.

Utilization review dated 9-21-09 performed by DO., notes that based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced above, this request for Discography at L3-L4, L4-L5 and L5-S1 and Post Discography CT is non-certified. The patient sustained injury on xx/xx/xx. He is status post cervical fusion at C5-C7 in 2007 and status post laminectomy/discectomy 1989. As per latest medical notes, he complained low back pain radiating to bilateral lower extremities. This request is for Discography at L3-L4, L4-L5 and L5-S1 and Post Discography CT. The request for lumbar discogram is not recommended as medically necessary. It was not indicated in the surgical notes if surgical intervention is contemplated. Additionally, there is no clinical documentation of physical therapy for the Lumbar Spine. Lastly, the required psychological evaluation is not available for review. Based on the submitted documentation and current evidence based guidelines, medical necessity for the request is not established at this time.

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

MEDICAL RECORDS REFLECT A CLAIMANT WITH LOW BACK PAIN AND COMPLAINTS OF RADIATING PAIN TO THE RIGHT LOWER EXTREMITY WITH NUMBNESS. THE CLAIMANT HAS UNDERGONE MULTIPLE DIAGNOSTIC TESTING TO INCLUDE MRI OF THE LUMBAR SPINE AND POST MYELOGRAM/CT SCAN. THE CLAIMANT HAS BEEN TREATED CONSERVATIVELY WITH MEDICATIONS, PHYSICAL THERAPY AND EPIDURAL STEROID INJECTIONS. THE CLAIMANT HAS BEEN DEEMED NOT TO BE A CANDIDATE FOR SURGICAL INTERVENTION. REGARDING THE REQUEST FOR A LUMBAR DISCOGRAM, CURRENT MEDICAL LITERATURE NOTES THAT DISCOGRAPHY IS NOT CONSIDERED A RELIABLE TOOL AS A PREOPERATIVE INDICATION FOR SURGERY. IT IS NOTED THE CLAIMANT IS A LARGE PERSON AND IS ALSO A SMOKER. BASED ON THE MEDICAL RECORDS PROVIDED AND CURRENT EVIDENCE BASED MEDICINE, THE REQUEST FOR LUMBAR DISCOGRAM AT L3-L4, L4-L5 AND L5-S1 IS NOT ESTABLISHED AS MEDICALLY NECESSARY, AS THIS CLAIMANT IS NOT A SURGICAL CANDIDATE AND THE LUMBAR DISCOGRAM WOULD NOT PROVIDE ANY SIGNIFICANT VALUE TO THIS CLAIMANT'S TREATMENT.

ODG-TWC, last update 10-12-09 Occupational Disorders of the Low Back–

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) (Manchikanti, 2009) 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) This recent RCT concluded that, compared with discography, injection of a small amount of bupivacaine into the painful disc was a better tool for the diagnosis of discogenic LBP. (Ohtori, 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 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)