

INDEPENDENT REVIEWERS OF TEXAS, INC.

4100 West El Dorado Pkwy · Suite 100 – 373 · McKinney, Texas 75070

Office 469-218-1010 · Toll Free 1-877-861-1442 · Fax 469-218-1030

e-mail: independentreviewers@hotmail.com

DATE OF REVIEW: 10/07/09

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Item in dispute: Lumbar discogram w/CT L4-5 L5-S1 62290 x 2, 72295-26 x 2, 72132

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

Board Certified Orthopedic Spine
Practicing Neurosurgeon

REVIEW OUTCOME

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

Denial Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Medicine clinic visit 02/17/09 and follow-up visit 03/18/09 , P.A..
2. MRI lumbar spine 03/16/09.
3. Office visit notes Dr. 03/24/09, 04/01/09, 04/10/09, 04/15/09, 04/22/09, 04/29/09, 05/06/09, 05/20/09, 05/27/09, 06/10/09, 06/30/09, 07/27/09, and 08/31/09.
4. New patient consultation report 08/12/09 and Follow up visit 09/02/09 Dr.
5. Psychological evaluation Dr. 08/26/09.
6. Utilization review determination Dr. 09/11/09.
7. Utilization review determination Dr. 09/21/09
8. **Official Disability Guidelines**

PATIENT CLINICAL HISTORY (SUMMARY):

The employee's date of injury is listed as xx/xx/xx. The employee reportedly was pushing an 80 pound box down a hallway and experienced acute onset of low back pain with pain radiating into her legs.

The employee was seen initially by P.A., on xx/xx/xx, who diagnosed low back pain and recommended physical therapy and medications. The employee was referred for MRI on 03/16/09. This study revealed a small disc bulge at the L5-S1 level with no significant neural foraminal or spinal stenosis identified. There was no compression of the nerve roots seen.

The employee was seen in follow-up on 03/18/09 by P.A., and MRI findings were reviewed. Mr. noted the employee was examined and interviewed by Dr. and during the interview, Dr. asked if the employee was doing this for retaliation and the employee responded, "Well, yes." Mr. also noted 3/5 positive Waddell's signs. The employee was recommended work status of regular duty effective 03/18/09.

The employee was then followed by Dr. beginning 03/24/09 through 08/31/09 and treated conservatively with medications, therapy, and epidural steroid injections times three. Dr. noted that the employee underwent a Designated Doctor Evaluation, but no report of this evaluation was submitted for review. Dr. referred the employee for orthopedic surgical evaluation by Dr.

Dr. saw the employee on 08/12/09 for a chief complaint of low back pain and right buttock pain. Physical examination at this time reported the employee to be 5 feet 8 inches tall and weighed 180 pounds. The employee was reported to have a tension sign on the right with reproducible pain in the posterior buttock and thigh. The employee was noted to have weakness of the right EHL compared to the left. Reflexes were 1+ in the patella and ankle jerks. There was no evidence of clonus. Dr. recommended lumbar discogram.

The employee was seen by Dr. for psychological evaluation to determine if the employee was an appropriate candidate for discography. Dr. determined the employee was clear for discogram; however, should she become a surgical candidate Dr. noted that he needed to reassess her as she has several risk factors that need further investigation.

A utilization review determination by Dr. dated 09/11/09 recommended authorization for lumbar discogram with CT L4-5, L5-S1. Dr. noted that the requested procedure is not advocated in the guidelines for use as part of a preoperative evaluation for lumbar spine surgeries, noting evidence in high quality studies that demonstrate the lack of clinical utility of discography.

An appeal request for lumbar discogram with CT L4-5, L5-S1 was reviewed by Dr. on 09/21/09, and Dr. recommended non-authorization noting lack of diagnostic efficacy of discography for surgery and lack of evidence to support predicted value of discography for lumbar fusion.

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

The request for lumbar discogram with post discogram CT scan L4-5, L5-S1 is not supported as medically necessary based on the clinical information provided for review, and previous recommendations for non-authorization should be upheld.

The documentation reviewed reflected that the employee sustained an injury to the low back on xx/xx/xx. An MRI of the lumbar spine revealed a small disc bulge at the L5-S1 level with no evidence of neural compressive pathology. The employee failed to improve with conservative treatment including therapy, medications, and epidural steroid injections. The objective findings on MRI did not reflect a surgical lesion. Current evidence based guidelines do not support the use of discography as a preoperative indication for lumbar surgery. Accordingly, the discogram with CT scan L4-5, L5-S1 is not indicated as medically necessary.

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

1. ***Official Disability Guidelines***, Work Loss Data Institute, Online edition. Low back chapter.

Discography

Not recommended. In the past, discography has been used as part of the preoperative 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.