MEDRX

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Notice of Independent Review Decision

DATE OF REVIEW: 10/6/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE
The item in dispute is the prospective medical necessity of discography, lumbar, radiological supervision and interpretation.

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 Physical Medicine and Rehabilitation. This reviewer has been practicing for greater than 30 years in this specialty and performs this type of procedure in his office.

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 discography, lumbar, radiological supervision and interpretation.

INFORMATION PROVIDED TO THE IRO FOR REVIEW
Records were received and reviewed from the following parties:
, MD

These records consist of the following (duplicate records are only listed from one source):

Records reviewed from , MD: Office Visit Notes – 7/23/08-7/14/09; MRI report – 8/10/07 & 7/2/08, Lumbar x-rays – 4/24/08; Operative Report – 7/31/08, 9/19/08, 11/18/08, 3/3/09, & 6/2/09; Medication log – 9/9/08-7/23/09.
Records reviewed from : Denial letter – 7/24/09 & 7/31/09, Pre-Authorization form - undated; Review Report – 7/24/09; Peer Review Report – 7/30/09; MD Patient History – 7/23/08; Physician's Order Sheet – 3/3/09 & 6/21/09, Radiology Order Form – 7/31/08, 8/29/08, 11/8/08, 3/3/09, & 6/2/09; , MD Office Visit note – 12/11/08-3/4/09; Return Visit Examination – 7/16/08; , MD notes – 7/9/08; TWCC73.

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

PATIENT CLINICAL HISTORY [SUMMARY]:
The patient sustained a back injury at work xx/xx/xx. He had conservative treatment including lumbar epidural steroid injections and thoracic selective injections and eventually went to surgery in August 2004 for circumferential L5-S1 fusion with discectomy, bilateral transverse process fusion with bone marrow aspiration from the left iliac crest, pedicle screw fixation, laminectomies and foraminotomies. He did well afterward until 2008, when pain increased. Dr. saw the patient on July 9, 2008 and reviewed imaging studies including the Lumbar spine MRI of July 1, 2008, which was reported by Dr. to be unremarkable.

Dr. saw and examined the injured employee on July 23, 2008 at the request of Dr. for evaluation and treatment of increasing back pain and left lower extremity pain. Dr. reviewed the imaging studies and diagnosed the following:
1 Status post "360 fusion" L5-S1 with solid posterior fusion and problematic anterior interbody fusion
2 Retained pedicle screw hardware, L5-S1
3 Bilateral sacroiliac joint syndrome.
4 Residual weakness in the S1 nerve root distribution.

Dr. prescribed medications including Darvocet and Celebrex. He performed a series of bilateral sacroiliac joint injections under fluoroscopy on July 31, 2008, August 29, 2008, November 18, 2008, March 3, 2009, and June 2, 2009. There was 60 to 70 percent or more beneficial effect from the sacroiliac injections, but each wore off after a period of time. Dr. proposed revision surgery as a treatment alternative. He proposed lumbar discography to help determine whether a fusion level at L4-L5 should be included at the time of revision surgery.

X-rays of the lumbar spine on April 23, 2008 showed postoperative changes at L5-S1. The pedicle screws were present. No evidence of hardware loosening or complication was apparent.

MRI of the lumbar spine with/without contrast July 1, 2008 was reported by the radiologist to show the following:
1 A transitional vertebral body at the lumbosacral junction
2 Evidence of laminectomies at the L5-S1 level
3 Slight anterolisthesis of L5 on S1, which is fused

4 L1-L5 discs are well hydrated and normal appearing. No central canal or neural foraminal stenosis at any level. No disc herniation.
5 L5-S1: no central canal stenosis. No appreciable foraminal stenosis. No disc herniation.
6 No abnormal enhancement appreciated at any level. Incomplete fat saturation is noted adjacent to the hardware due to magnetic susceptibility artifact.

Dr. reviewed the lumbar MRI and noted central decompression and a degree of dural expansion at the L5-S1 level.

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

According to the ODG criteria, discography may be supported if the decision has already been made to do a spinal fusion. According to the submitted records, the patient has not yet made a decision to have a spinal fusion.

Some of the patient selection criteria for discography have not been met.
a. *Failure of conservative treatment including active physical therapy*: submitted records show no recent trial of active physical therapy (other conservative treatment measures, including medications and the series of sacroiliac injections, have already been tried).
b. *Satisfactory results from detailed psychosocial assessment:* there is no record that such an assessment has been done yet.

According to the ODG Guidelines, 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**…The ODG Guidelines stipulate that the recommended preoperative surgical indications should include all the following (boldface mine):
1 All pain generators are identified and treated
2 **All physical medicine and manual therapy interventions are completed**
3 X-rays demonstrating spinal instability and/or myelogram, CT-myelogram, or discography & MRI demonstrating disc pathology
4 Spine pathology limited to two levels
5 Psychosocial screen with compounding issues addressed
6 For any potential fusion surgery, it is recommended that the injured worker refrain from smoking for at least six weeks prior to surgery and during the period of fusion healing.

The qualifying conditions in boldfaced have not been met. The other conditions have largely been met, although there is a circular reference to “discography & MRI demonstrating disc pathology,” listing it as one of the qualifying conditions which must be met prior to proceeding to discography.

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)**

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