

US Decisions Inc.

An Independent Review Organization
71 Court Street
Belfast, ME 04915
Phone: (512) 782-4560
Fax: (207) 470-1085
Email: manager@us-decisions.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Sep/08/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Low pressure lumbar discogram w/ post CT at L3/4, with control level L4/5, 62290, 72295, 77003, 72132

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

M.D., Board Certified Orthopedic Surgeon

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

ODG Guidelines and Treatment Guidelines

Peer reviews, 07/31/09, 08/11/09

EMG/NCS, 08/30/05

MRI lumbar spine, 11/13/06

Mental health evaluation, 01/09/07

Procedure reports, Dr. 06/01/07, 08/31/07

Letter, Dr. 09/09/08

Office notes, Dr. 09/23/08, 09/30/08, 12/04/08, 07/20/09

Battery For Health Improvement (BHI) Enhanced Interpretive report, 04/07/09

Letter, Dr., 04/07/09

Articles

Dr. office notes 05/25/05,

MRI left shoulder 06/14/05

MRIs cervical spine 06/14/05, 10/27/05

Dr. office notes 09/27/05, 10/31/05,

Dr. letters 10/19/05, 04/11/06, 11/09/06

Procedure reports 01/18/06, 04/12/06,

CMT and ROM reports 09/23/08, 09/30/08, 12/04/08,

Dr. work status report 11/10/08

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a xx year-old with a cervical and lumbar injury dating back to xx/xx/xx when he was picking up a bucket of paint and the wind blew the ladder over and he fell about 8 feet. The claimant had treatment to the cervical spine initially. 08/30/05 EMG/NCS showed findings suggestive of C4-5 radiculopathy on the right acute as well as a L5-S1 radiculopathy on the right acute. MRI of the lumbar spine on 11/13/06 showed severe central stenosis at L3-4 with a bulging L3-4 intervertebral disc. The claimant had three lumbar epidural steroid injections in 2007 by Dr. who noted some improvement after the procedures but with return of symptoms.

On 09/23/08 the claimant came under the care of Dr. for his cervical and lumbar spine. The claimant had 8/10 lumbar pain that radiated down to both lower extremities and 7/10 cervical pain that radiated down the left arm. The claimant had numbness of both feet. On exam the claimant had midline lumbar tenderness with painful and decreased lumbar flexion. Straight leg raise elicited back pain. Lower extremity motor strength was symmetric. There was diminished sensation along the right knee and shin. Patella reflexes were 2 plus and symmetric; Achilles reflexes were absent bilaterally. On 12/04/08 Dr. reviewed the MRI films of the lumbar spine stating there was evidence of anterior annular tearing at L3-4 as well as significant posterior stenosis at that level as well, primarily on the right. The cervical spine was the focus at this visit and a cervical CT/myelogram was ordered.

On 04/07/09 a Battery for Health Improvement (BHI) was performed. A letter dated 04/07/09 from Dr. stated that based on the BHI Psychosocial screen, the claimant demonstrated no psychosocial barriers to recovery and was likely to respond well to appropriate treatment. At the follow up visit of 07/20/09 with Dr. the claimant still complained of severe low back pain that was constant. On exam the claimant had some diminished sensation around right knee along the L3 distribution. Patellar reflexes were 2 plus and symmetric. Achilles reflexes were absent bilaterally. Lower extremity motor strength was symmetric. There was some tenderness of the lumbar spine with painful decreased lumbar range of motion. The diagnoses were discogenic back pain with some radiculitis and cervical disc pain with right C5 radiculopathy. Dr. felt the claimant would be a surgical candidate for lumbar fusion at L3-4 and a discogram was requested. Discography was denied on peer review.

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

The imaging studies in this case reveal aging change. Fusion is under consideration in the lumbar area. Discography has been recommended. The Official Disability Guidelines does not recommend discography. The literature does not support the outcome of a discogram as a preoperative indication for fusion. Unfortunately the literature does not support discographic findings as a predictor of fusion success. I would not be able to recommend as medically necessary the proposed discogram under the Official Disability Guidelines. The reviewer finds that medical necessity does not exist for Low pressure lumbar discogram w/ post CT at L3/4, with control level L4/5, 62290, 72295, 77003, 72132.

Official Disability Guidelines Treatment in Worker's Comp, 14th edition, 2009 Updates. Low Back – Discography

Discography

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)

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-AMERICA 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)