

# Wren Systems

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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

Apr/05/2010

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Lumbar Discogram/CT L3-4, L4-5, L5-S1

**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**

Official Disability Guidelines Treatment in Worker's Comp, 14th edition, 2010 updates , Low Back

L/S MRI w/o contrast, 09/18/09

Office note, Dr, 9/24/09

Office notes, Dr., 10/27/09, 11/19/09, 12/15/09

Procedure, 11/12/09, 12/10/09

Letter to Dr., Dr., 12/15/09

Psych evaluation, 1/15/10

Peer review, Dr., 2/4/10

Peer review, Dr., 2/15/10

2/9/10, 2/17/10

**PATIENT CLINICAL HISTORY SUMMARY**

The claimant is a female who initially reported an onset of low back pain with lifting on xx/xx/xx. She presented with increasing lower back pain and occasional leg pain. Lumbar MRI on 09/18/09 showed disc herniation at L4-5 and L5-S1 with moderate lateral recess narrowing bilaterally at L4-5. No definite cord compression was noted. At L5-S1, mild narrowing of the left lateral recess was noted with no thecal sac compromise. The claimant was referred to the Institute for treatment. Exam findings on 09/24/09 noted a slightly stooped posture with pain on lumbar extension. The impression was lumbar spondylosis and facet syndrome. Mobic, Flexeril, Norco, physical therapy and off work was recommended. A bilateral facet injection at L5-S1 on 11/12/09 provided no benefit. The claimant reported an increase in back pain with pain into the hips on straight leg raise. A caudal epidural steroid

injection on 12/10/09 provided no relief. Examination on 12/15/09 by Dr. noted decreased sitting tolerance, occasional leg pain in the anterior aspect of both thighs, and hip and posterior buttock pain on bilateral straight leg raise. The impression was chronic discogenic syndrome. Lumbar discogram at L4-5 and L5-S1 was requested in consideration of lumbar surgery with fusion at L5-S1 and disc replacement at L4-5. Dr. indicated no control level would be used, as L3-4 was pristine on imaging.

A psychological evaluation on 01/15/10 noted the claimant was cleared for discography with a fair prognosis due to a moderate level of psychological risk. Anti-depressant medication and re-assessment prior to surgery was recommended. The request for the lumbar discogram was non-certified on two separate peer reviews.

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

Discography is not recommended by ODG. Discography has been recently been shown in the literature to cause degeneration of the intervertebral disc, as well it has been questioned in its therapeutic efficacy in determining further treatment and care.

**“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.”**

The reviewer finds that medical necessity does not exist for Lumbar Discogram/CT L3-4, L4-5, L5-S1.

Official Disability Guidelines Treatment in Worker's Comp, 14th edition, 2010 updates, Low Back

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.

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)