IMedReviews
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Notice of Independent Review Decision

DATE OF REVIEW: 12-7-2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Lumbar Discogram

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

The Physician who reviewed the decision is a board-certified Neurosurgeon licensed to practice medicine in the State of Texas.

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.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Office visits, Lumbar X-Ray, MRI report, letters of medical necessity, procedure reports.

PATIENT CLINICAL HISTORY [SUMMARY]:

This is a male with lumbar pain since xx/xx/xx which began at work after lifting a 50lb box and feeling a pulling sensation in his back. His pain increased two days later. He had an MRI on 12/16/09 which revealed an L4-L5 very small central disc protrusion with very mild deformity of the thecal sac without spinal canal stenosis or neural foraminal narrowing seen, with a bilateral pars defect at the level of L5-S1 without evidence of spondylolisthesis,spinal canal stenosis or neural foraminal narrowing. No protrusions or bulging of the disc is seen.No fracture or subluxation seen.

Lumbar spine X-ray on Jan/28/2010 revealed Spondylolysis at L5 present. Pars articularis defect noted at L5 on the right and left.

Neurological examination (lower extremity): Straight Leg Raise: (R)Positive

(L)Negative. Started on Soma 350 mg Tab. BID, Relafen 500 mg.1Tab. BID prn pain. On 06/01/2010 the patient received bilateral L4-5 facet injection, bilateral L5- S1 facet injection, and bilateral L5 pars articularis defect injection

On 08/31/2010 the patient received Right L4-5 transforaminal epidural injection with epiduragram Right L5 selective nerve root injection.

On 09/30/2010 the patient received Right L5-S1 transforaminal epidural injection with epiduragram, Right L5 selective nerve root injection.

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

Discography is controversial, and although there are plenty of articles that support it, most studies with rigorous scientific criteria do not. Neither of the two neurosurgical societies have position statements on this subject. The American Pain Society does not support its use(1) and states, “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”. The North American Spine Society does support its use(2) in very limited cases but this is based primarily on the experience and opinions of the society, not on a rigorous scientific study.

I have attached one article that actually attempts to compare discography to a "gold standard." Although not a true "gold standard," the study did look at the long-term outcome of using discography as a selection criteria for lumbar fusion(3).

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In this case, it is not clear that the patient has any abnormalities of the L5-S1 disc. There is no mention of degenerative changes, bulging, or fissuring of the anulus. There appears to be only a small bulge at L4-5, per the MRI report, and it would be unusual for L4-5 pathology to radiate to the buttocks. Furthermore, per the note from September fifteenth, the surgeon himself was not convinced that L4-5 was the source of the pain. The major structural pathology seen is the spondylolysis at L5-S1, and there appears to be no significant disc pathology.

It is more likely that the spondylolysis is the problem, not the disc(s). The more definitive test would be a lumbar CT myelogram with upright flexion/extension views to better evaluate this, as the MRI (which is a year old) only shows what occurs when the patient is supine.

REFERENCES:

1. Chou R, Loeser JD, Owens DK, Rosenquist RW, Atlas SJ, Baisden J, Carragee EJ, Grabois M, Murphy DR, Resnick DK, Stanos SP, Shaffer WO, Wall EM 2009 Interventional therapies, surgery, and interdisciplinary rehabilitation for low back pain: an evidence-based clinical practice guideline from the American Pain Society. Spine (Phila Pa 1976) 34:1066-1077
2. Guyer RD, Ohnmeiss DD 2003 Lumbar discography. Spine J 3:11S-27S
3. Carragee EJ, Lincoln T, Parmar VS, Alamin T 2006 A gold standard evaluation of the "discogenic pain" diagnosis as determined by provocative discography. Spine (Phila Pa 1976) 31:2115-2123

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**

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☐ **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)**