

Notice of Independent Review Decision

DATE OF REVIEW:

12/06/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Lumbar discogram at L4-5 and L5-S1 with control at L3-4.

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

Doctor of Osteopathy, Board Certified Anesthesiologist, Specializing in Pain Management

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be: **Upheld**

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.

The requested lumbar discogram at L4-5 and L5-S1 with control at L3-4 is not medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- TDI/DIVISION OF WORKERS' COMPENSATION referral form
- 11/29/10 letter
- 11/23/10 MCMC Referral
- 11/23/10 Notice to MCMC, LLC of Case Assignment, DWC
- 11/22/10 letter
- 11/22/10 Confirmation of Receipt of a Request For a Review, DWC
- 11/03/10 Request For A Review By An Independent Review Organization
- 10/12/10 Adverse Determination After Reconsideration Notice, M.D., Services Corporation
- 10/01/10 Adverse Determination Notice, M.D., Services Corporation
- 09/14/10 Rx chart note PA-C
- 08/26/10, 08/05/10, 06/22/10 letters M.D., Orthopedic
- 08/06/10 MRI Requisition, M.D.
- 06/22/10, 07/06/10, 08/05/10, 08/26/10 exam notes, M.D., Orthopedic
- 07/23/10, 08/19/10 Procedure reports, Orthopedic
- 05/27/10 MRI lumbar spine, Imaging
- Note: Carrier did not supply ODG Guidelines.

PATIENT CLINICAL HISTORY [SUMMARY]:

The injured individual is a male with date of injury xx/xx. He had physical therapy (PT), medications, epidural steroid injections (ESIs), and facet injections with no relief. The MRI showed protrusions at L4-S1. A surgical consult was suggested at the end of August along with a repeat MRI. The consult is not available for review.

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

There has been no surgical consult. One was suggested in 08/2010 but it is not documented. Until that is completed, a discogram request is premature. If open surgery is not an option, there is no need for a discogram. There is no psychological evaluation to determine whether the injured individual is stable for surgery. Until that is performed, the discogram is premature. This test is considered to be of unproven efficacy per Official Disability Guidelines.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**

Discography is Not Recommended in ODG.

Patient selection criteria for Discography if provider & payor agree to perform anyway:

Back pain of at least 3 months duration

Failure of recommended conservative treatment including active physical therapy

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)

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)

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.

Briefed on potential risks and benefits from discography and surgery

Single level testing (with control) (Colorado, 2001)

Due to high rates of positive discogram after surgery for lumbar disc herniation, this should be potential reason for non-certification