



Specialty Independent Review Organization

Notice of Independent Review Decision

DATE OF REVIEW: 01/22/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item in dispute is the prospective medical necessity of a Lumbar Discogram with post CT at L3-S1.

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 Orthopedic Surgery. The reviewer has been practicing for greater than 15 years and performs similar procedures in an active practice setting.

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 medical necessity of a Lumbar Discogram with post CT at L3-S1.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the following parties:
Orthopaedic Center,

These records consist of the following (duplicate records are only listed from one source): Records reviewed from Orthopaedic Center: Denial letter – 11/5/09 & 12/10/09; Orthopaedic Center WC Verification for Diagnostic/Surgical procedures – 12/2/09, Office/PT Notes – 4/6/09-12/9/09, MRI report – 3/28/09, Lumbar Discogram report – 10/30/09, Operative Report – 4/21/09 & 6/9/09; MD letter – 11/6/09.

Records reviewed from: Orthopaedic Center WC Verification for Diagnostic/Surgical procedures – 11/2/09 & 12/2/09, Office Notes – 10/30/09,

Follow-up Neck & Back Pain Medical History – 3/19/09-9/28/09; MD letter – 10/8/09.

FOL: 1/7/10 letter by, 2 pgs of ODG for discography, various DWC 73's, office and PT notes by Orthopedic from 3/19/09 to 12/2/09, 3/30/09 lumbar MRI report, notes by Medical Center 3/13/09, 6/9/09 anesthesia record from, 6/3/09 approval letter, 4/29/09 DME order, Orthopaedic Center WC Verification for Diagnostic/Surgical procedures 4/9/09 to 5/13/09, 4/20/09 approval letter, 4/14/09 approval letter, 4/15/09 preauth request, 3/26/09 MRI order, 3/19/09 xray report of lumbar spine & a DWC form 1 undated.

A partial copy of the ODG was provided by the Carrier or URA for this review.

PATIENT CLINICAL HISTORY [SUMMARY]:

This case involves a female who was injured at work. She complains of lumbar pain with intermittent severe lumbar spasms and intermittent radiation into her left leg. She has continued to work and there is no neurological deficit noted.

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

The reviewer indicates the ODG does not recommend this procedure except in a surgical planning mode after strict criteria are met. 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) 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)

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

This patient does not meet all of the criteria; therefore, this procedure is not medically necessary at this time. This decision is based upon the records provided.

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)