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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Dec/22/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Lumbar CT Discogram L3-4, L4-5, L5-S1 62290 x 3, 72295-26 x 3, 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:

[X] 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
MRI lumbar spine, 06/02/04, 09/22/05, 09/29/09
Office notes, Dr. 12/21/04, 08/16/05, 10/21/05, 06/05/06
EMG/NCS, 09/22/05
Office note, Dr. 07/07/06, 09/07/06, 10/05/06
Office note, Dr. 06/20/06, 10/03/06, 11/14/06, 02/27/07, 08/14/07, 10/09/07, 09/22/09, 10/13/09
Lumbar discogram, 09/21/06
CT scan lumbar, 09/21/06
Office notes, Dr. 12/07/06, 02/1/07, 04/05/07, 11/16/07, 03/27/08, 07/03/08, 09/25/08, 10/29/08, 03/19/09, 09/10/09, 10/15/09, 11/09/09
X-ray lumbar spine, 09/22/09
Behavioral Medicine evaluation, 10/29/09
Peer review, Dr. 11/09/09
Peer review, Dr. 11/23/09

PATIENT CLINICAL HISTORY SUMMARY
The claimant is a male who injured his low back on xx/xx/xx when he was moving a water heater from the second story of a home. The claimant was noted to smoke one pack of cigarettes per day. MRI of the lumbar spine on 06/02/04 showed mild to moderate central disc herniation at L4-5 and L3-4. A repeat MRI on 09/22/05 showed mild congenital spinal

canal narrowing from L4 to S1 secondary to short pedicles and mild posterior disc protrusion L5-S1 with a posterior annular tear and mild spinal stenosis. EMG/NCS on 09/22/05 was normal. On 06/20/06 the claimant was evaluated by Dr. for surgical options. Lumbar discography on 09/21/06 demonstrated concordant pain at L4-5 and L5-S1. Dr. recommended a 2 level disc replacement.

The claimant treated with Dr. for medication management. The claimant was taking Darvocet for pain. In October 2008 the claimant underwent a lumbar stabilization and strengthening program. As of 09/10/09 the claimant was taking Darvocet for pain. He continued to work. On exam he had tenderness across the lumbar spine. Strength was 5/5. On 09/22/09 Dr. noted that the claimant was not doing any better. Lumbar x-ray showed no instability on flexion/extension. An updated MRI was ordered.

MRI done on 09/29/09 showing L5-S1 diffuse annular disc bulge, small annular tear, mild bilateral facet joint degenerative arthropathy, and moderate to severe narrowing of the lateral recesses. There was slight posterior displacement of the descending right S1 nerve root. The central spinal canal was stenotic at approximately 8 mm and there was moderate bilateral inferior foraminal narrowing. At L4-5 there was central disc extrusion extending below the level of the upper endplate of L5. There was some spinal canal stenosis with the thecal sac measuring 6-7 mm. There was mild to moderate bilateral facet joint degenerative arthropathy and moderate narrowing of the lateral recesses. At L3-4 there was a small central disc protrusion measuring approximately 2.5 mm. There was mild central canal stenosis with the thecal sac measuring approximately 8 mm. There was mild bilateral facet joint degenerative arthropathy with thickening of the ligamentum flavum.

On 10/13/09 the claimant followed up with Dr. Reflexes at the knees and ankles were symmetric. Sitting root test was negative. Dr. felt the claimant was still a candidate for disc replacement at the L4-5 and L5-S1 levels but felt that with the abnormality now showing up at L3-4, that level needed to be evaluated and discography was ordered. A behavioral Medicine evaluation was done on 10/29/09 for pre surgical psych screening. The claimant was cleared for discogram and subsequent surgery with fair to good prognosis for pain reduction and functional improvement. Discography was denied on peer review.

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

The evidence based guides do not recommend discography as being indicated for most individuals. Although not supported in the evidence based literature, the ODG guides do, nevertheless, discuss the patient selection criteria for this procedure. The criteria would include back pain in excess of three months, failure of conservative care, and an MRI scan which documents obvious degenerative disc disease. Furthermore, individuals should have been through a psychosocial assessment that would suggest that if they were a surgical candidate that they would be considered reasonable from a psychosocial profile.

This gentleman has previously had lumbar discography years ago. It is unclear from the records provided as to what type of surgery is being proposed and/or whether or not the claimant is truly a surgical candidate, particularly in light of the fact that discussions include the possibilities of three level surgery. Perhaps most notable is the fact that he was referred for psychological screening and the patient was described as medium risk for aberrant medication use and was only a fair to good surgical candidate. All of this would suggest a less than optimal candidate for surgery and thus there would be no good indications for proceeding with invasive testing, such as discography when in fact this gentleman does not appear to be a reasonable surgical candidate. Thus, the request cannot be viewed as reasonable and medically necessary. The reviewer finds that medical necessity does not exist for Lumbar CT Discogram L3-4, L4-5, L5-S1 62290 x 3, 72295-26 x 3, 72132.

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Lumbar 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 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

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[ ] MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

[ ] MILLIMAN CARE GUIDELINES

[X] 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)