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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Jul/07/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Lumbar Discogram L2-3, L3-4, L4-5, L5-S1 w/ CT Scan

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

MD, Board Certified in Neurological Surgery

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

2010 Official Disability Guidelines, Discography

Denial Letters, 5/18/10, 6/2/10

D.O., Ph.D., P.A. 2/2/10, 06/14/2010

Open Imaging 9/28/09

Health Presbyterian Hospital 8/18/09

Non-Surgical Orthopedic & Spine Center 12/16/09, 11/11/09

Surgical Hospital 12/4/09

M.D. 11/17/09, 12/22/2009

Orthopaedic Center 11/3/09, 10/20/09

PT Notes 10/2/09, 9/30/09, 9/29/09, 9/25/09, 9/23/09, 9/22/09, 9/18/09,

9/16/09, 9/14/09, 9/11/09, 9/9/09

Chiropractic 9/8/09, 10/15/09

Consultants 10/15/09

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male with a date of injury xx/xx/xxxx, when he bent to pick up 60 lb steel rollers. He complains of low back pain and right leg pain, with his leg pain being worse. He has undergone 12 visits of physical therapy, chiropractic therapy, medications, and had

epidural steroid injections. His neurological examination is normal. An MRI of the lumbar spine 09/28/2009 reveals at L5-S1: a disc extrusion with right lateral recess stenosis contacting the right S1 nerve root with moderate bilateral foraminal stenosis. At L4-L5 there is a disc bulge with mild neuroforaminal stenosis. At L3-L4 there is a disc bulge with mild bilateral narrowing. He is a heavy smoker. A clinic note dated 02/02/2010 states that due to a persistent smoking habit, he is an inappropriate candidate for surgical intervention and has been recommended for a spinal cord stimulator. The provider is now requesting a Lumbar Discogram L2/3 L3/4 L4/5 L5/S1 with CT Scan.

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

The lumbar discogram is not medically necessary. According to the Official Disability Guidelines, "Low Back" chapter, discography is "not recommended", but if performed, a detailed psychological evaluation should be done prior to discography. There is not evidence that this has been done. Also, if the patient is not a candidate for a lumbar fusion, then it is unclear how a lumbar discogram would impact the management of this patient. For these reasons, then, the reviewer finds that the Lumbar Discogram L2-3, L3-4, L4-5, L5-S1 w/ CT Scan is not medically necessary.

2010 Official Disability Guidelines, 15th edition

While not recommended above, if a decision is made to use discography anyway, the following criteria should apply

- 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)