

Notice of Independent Review Decision

**PEER REVIEWER FINAL REPORT**

**DATE OF REVIEW:** 6/23/2010  
**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

1. Lumbar Discogram with Post CT Scan L4-5, L5-S1

**QUALIFICATIONS OF THE REVIEWER:**

Orthopaedics, Surgery Trauma

**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)

1. Lumbar Discogram with Post CT Scan L4-5, L5-S1 Upheld

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

1. Facsimile cover sheet dated 6/3/2010
2. Notice to DBA of case assignment dated 6/3/2010
3. IRO request form by 6/2/2010
4. Request for a review by an independent review organization by author unknown dated 6/1/2010
5. Preauthorization determination MD dated 5/21/2010-5/27/2010 multiple dates
6. Assignment note dated 6/23/2010
7. Facsimile transmittal dated 6/3/2010
8. Procedure orders by author illegible dated 3/16/2010
9. Enhanced interpretive report, PsyD dated 2/17/2010
10. X-ray lumbar MD dated 2/11/2010
11. Surgery reservation sheet by MD dated 1/11/2010
12. Operative report MD dated 9/30/2009
13. Orthopedic report by MD dated 8/27/2009-4/8/2010 multiple dates
14. Letter MD dated 6/9/2009
15. Facsimile cover sheet dated 5/21/2009-6/3/2010 multiple dates
16. Request form MD dated 5/19/2009-6/1/2010 multiple dates
17. Preauthorization determination MD dated 5/8/2009-5/27/2010 multiple dates
18. Facsimile transmittal sheet dated 5/7/2009-5/21/2010 multiple dates
19. Orthopedic consult MD dated 4/24/2009
20. Procedure notes MD dated 10/28/2008-1/6/2009 multiple dates

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21. Notice of independent review decision MD dated 6/2/2008
22. MRI report of the lumbar spine MD dated 4/29/2008
23. Article on Does the number of levels affect lumbar fusion outcome? MD, MD dated 3/15/2005
24. Article on Results of surgery for discogenic low back pain a randomized study using discography versus discoblock for diagnosis by MD, PhD, MD, PhD, et.al dated unknown
25. Article on Diskography in the evaluation of low back pain, MD, PhD, MD and MD dated unknown
26. Article on Discography interpretation and techniques in the lumbar spine, MD, MD, et.al dated unknown
27. Article on Lumbar discography in normal subjects MD, DO, et.al dated unknown

**INJURED EMPLOYEE CLINICAL HISTORY [SUMMARY]:**

The injured employee is a male, injured in xx/xx. He had left shoulder surgery and presents with complaints of low back pain. The physical examination does not reveal any neurologic deficit. A discogram is ordered by Dr. as a presurgical test. The injured employee was reported to be at maximum medical improvement (MMI) for his spine.

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

According to ODG Guidelines Low Back - Lumbar & Thoracic (Acute & Chronic), Discography is 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.

Discography is Not Recommended in ODG.

Patient selection criteria for Discography include:

Back pain of at least 3 months duration

This criteria is met.

Failure of recommended conservative treatment including active physical therapy

There is no documentation provided to support this.

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)

There is an MRI dated 4/08 with bulges at I4-5 and I5-s1. Thus there would be normal appearing discs.

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)

A BHI was completed 2/17 demonstrating average patient disability and that his peak pain exceeds tolerance.

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.

There is a physician note from 3/2/10 states mechanical back pain is one of accepted indications for lumbar fusion. The diskogram purpose is to confirm pain limited to and originating from I5-s1 disc. The plan is this is a preoperative planning test and in the state of Texas is required to maintain licensure.

However, this comment by the physician should be supported with written documentation of this.

The previous denial is upheld as there is a lack of medical necessity for discography with adequate documentation of conservative care with PT reports and no plain radiograph reports of the lumbar spine.

In addition, discography has been associated with higher rates of disc degeneration in reference below.

**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

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- 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)

Manchikanti L, Datta S, Derby R, Wolfer LR, Benyamin RM, Hirsch JA; American Pain Society. A critical review of the American Pain Society clinical practice guidelines for interventional techniques: part 1. Diagnostic interventions. Pain Physician. 2010 May-Jun; 13(3):E141-74.

Carragee EJ, Don AS, Hurwitz EL, Cuellar JM, Carrino J, Herzog R. 2009 ISSLS Prize Winner: Does discography cause accelerated progression of degeneration changes in the lumbar disc: a ten-year matched cohort study. Spine (Phila Pa 1976). 2009 Oct 1; 34(21):2338-45.