



**REVIEWER’S REPORT**

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Lumbar discogram and CT of L4-5 and L5-S1

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., board certified orthopedic surgeon with extensive experience in the evaluation and treatment of injured employees

REVIEW OUTCOME:

“Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED FOR REVIEW:

1. SWF forms
2. TDI referral forms
3. Denial letters, 06/09/10 and 06/21/10
4. Clinical notes, , M.D., six records between 08/27/09 and 05/25/10
5. MRI scan of lumbosacral spines, 04/28/10

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

The injured employee is a female with low back pain, left-sided pelvic pain, and left leg pain subsequent to an injury occurring on xx/xx/xx. The mechanism of injury was not provided. Initial evaluation and treatment prior to 08/27/09 is not documented. She has been diagnosed with lumbar herniated nucleus pulposus, and there is a suggestion in the medical record that a decompressive surgery performed at L2/L3 and L3/L4 has been accomplished. There has been an MRI scan on 04/28/10 revealing degenerative disc disease at multiple levels. The patient has been treated extensively for left-sided sacroiliac joint dysfunction. The current physician provider is of the opinion that the patient’s persistent pain is arising from disc pathology at the level of L5/S1. The request for a diagnostic discography has been considered, reconsidered and denied. There is no documentation of epidural steroid injection. There is no documentation of EMG/nerve conduction studies. There are no documented referrals for lumbar spine films or flexion/extension lateral x-rays.

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

Discography is not a study recommended in the ODG Guidelines 2010 Low Back Chapter. The reliability of discograms is not a consistent finding. There are both false negative and false positive studies. The study itself is not innocuous, and it is not a recommended study. Under some circumstances, discography has been preauthorized when the patient is a candidate for spine fusion surgery and some effort is made to assure that all pain generating levels are incorporated in the fusion mass. Even this type of study has come under question and is generally not recommended. The prior denials appear to have been appropriate and should be upheld.

**DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE YOUR DECISION:**

(Check any of the following that were used in the course of your review.)

- 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 judgment, clinical experience and expertise in accordance with accepted medical standards.
- Mercy Center Consensus Conference Guidelines.
- Milliman Care Guidelines.
- ODG-Official Disability Guidelines & Treatment Guidelines, 2008, Cervical Spine Chapter, Discography passage.
- Pressley Reed, The Medical Disability Advisor.
- Texas Guidelines for Chiropractic Quality Assurance & Practice Parameters.
- Texas TACADA Guidelines.
- TMF Screening Criteria Manual.
- Peer reviewed national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)