

Notice of Independent Review Decision

DATE OF REVIEW: JUNE 11, 2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Discography, Lumbar, Radiological Supervision and Interpretation.

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

This physician is a Board Certified Neurological Surgery with 43 years of experience as a neurosurgeon, a Fellow with American College of Surgeons, a member of American Board of Neurological Surgery, and a member of American Association of Neurological Surgeons.

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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- On January 21, 2010, , M.D. Neuroradiologist, performed a CT of the Lumbosacral Spine. Conclusion: A 2-3 mm diffuse disc protrusion extending caudally at L5-S1, reaches the dural sac and both S1 nerve sleeves. There is minimal hypertrophy of the facet joints at this level but no ventral dural deformity and no S1 root sleep displacement. Compared to the report of the previous study there is no definite interval change.
- On January 27, 2010, , M.D., neurosurgeon, evaluated the claimant. Impression: 1. Lumbar radiculitis. 2. A 2-3 mm disc protrusion at L5-S1 reaching both S1 nerve root sleeves.
- On February 26, 2010, , M.D. performed an EMG of the bilateral lower extremities. Impression: 1. Left S1 radiculopathy, mixed subacute and chronic changes on EMG. There is no EMG evidence of acute axon loss (no positive sharp waves or fibrillation). 2. EMG of key muscles of right leg are within normal limits without evidence of right lumbosacral

radiculopathy (L3-S1). 3. Mild nerve conduction study abnormalities of bilateral lower extremities of unclear etiology. Differential diagnosis includes mild distal polyneuropathy versus cauda equina pathology. Correlation with recent CT scan is recommended.

- On March 8, 2010, , M.D., neurosurgeon, re-evaluated the claimant. Impression: 1. Mechanical intervertebral collapse of motion segments at L5-S1. 2. Functional spinal unit failure with progressive degenerative changes and loss of disc height and disc loading capability at L5-S1. 3. A 2-3 mm disc protrusion at L5-S1, which reaches both S1 root sleeves.
- On April 23, 2010, , M.D. Neuroradiologist, performed a Lumbar Myelogram and CT. Conclusion: There is retrolisthesis at L5-S1 and a 2-3 mm diffuse central disc protrusion, which extends caudally and reached the dural sac and both S1 root sleeves without displacing them. If anything the protrusion is slightly asymmetric toward the right, and there are cystic degenerative changes in the S1 superior endplate and minimal facet joint hypertrophy on the left at L5-S1. There is no stenosis. Annular bulging and/or spondylosis are present at L1-L2 without stenosis. Otherwise normal study.
- On May 6, 2010, , M.D., neurosurgeon, re-evaluated the claimant. Impression: 1. Mechanical intervertebral collapse of motion segments at L5-S1. 2. Functional spinal unit failure with progressive degenerative changes and loss of disc height and disc loading capability at L5-S1. 3. A 2-3 mm disc protrusion at L5-S1, which reaches both S1 root sleeves. Dr. recommended a lumbar discogram/CT scan. Dr. referred to an EMG, which was performed on 2/26/10 by Dr.. Per Dr.'s review of the EMG: "Left S1 radiculopathy mixed acute and chronic changes on EMG. Mild nerve conduction study abnormalities of bilateral lower extremities or unclear etiology. Differential diagnose includes mild distal polyneuropathy versus cauda equina pathology.
- On May 14, 2010, , M.D., a neurosurgeon, performed a utilization review on the claimant. Rationale: The lumbar discogram was not medically necessary. According to the ODG, a lumbar discography is "not recommended." In this case, it appeared that the pathology on the MRI, neurological findings, and EMG findings, all point to the L5-S1 level. There was no mention of any findings regarding or referable to the L4-5 level. Therefore, it is unclear why discography is even needed. Therefore, it is not certified.
- On May 19, 2010, Dr., M.D. responded to the denial for a discogram. Per Dr.'s response, "This is medically necessary as we need to confirm the L5-S1 is the pain generator. L4-5 is being used as a control, which was denied. Therefore, we are appealing this negative decision for a lumbar discography, as this is again needed for substantiation of the pain generators before surgery is requested.
- On May 26, 2010, , D.O. a neurosurgeon, performed a peer review on the claimant. Dr. opined that the OP lumbar discogram/CT is not medically necessary per the ODG Guidelines.

PATIENT CLINICAL HISTORY:

The claimant is male with complaints of low back pain with numbness and tingling radiating down the left medial thigh to the foot. The claimant was injured on xx/xx/xx, however the mechanism of injury has not been provided.

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

Based on the ODG Guidelines a discogram is **not** a recommended form of treatment; therefore, the previous decisions are upheld.

Discography	<p>Discography is Not Recommended in ODG. Patient selection criteria for Discography if provider & payor agree to perform anyway:</p> <ul style="list-style-type: none">o Back pain of at least 3 months durationo Failure of recommended conservative treatment including active physical therapyo 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 surgeryo 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
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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)