



Notice of Independent Review Decision

DATE OF REVIEW: 5/21/10

IRO CASE #:

NAME:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Determine the appropriateness of the previously denied request for ASC outpatient lumbar discogram with CT scan with IV sedation L4-5, L5-S1, CPT codes: 62290, 72295, 77003, and 72132.

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

Texas licensed orthopedic surgeon.

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.

The previously denied request for ASC outpatient lumbar discogram with CT scan with IV sedation L4-5, L5-S1, CPT codes: 62290, 72295, 77003, and 72132.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

- Treatment History dated 5/14/10.
- Case Assignment dated 5/12/10.
- Request Form dated 5/11/10 x 2.
- Letter Regarding Review Findings dated 5/10/10, 4/28/10.
- Utilization Review Referral dated 4/23/10.
- Procedure: X-Ray Lumbar dated 4/19/10, 2/18/09, 8/28/08.
- Orthopedic Report dated 4/19/10.
- Follow-up Visit dated 3/4/10, 2/4/10.
- Letter Regarding Patient's Assessment dated 1/25/10.
- Follow-up Note dated 1/7/10, 12/10/09, 10/15/09, 9/15/09, 7/9/09.
- Patient History dated 12/11/09.
- Designated Doctor Exam dated 12/2/09.
- Psychosocial Screening dated 7/8/09.
- Enhanced Interpretive Report dated 7/8/09.
- Surgery Reservation Sheet dated 7/8/09.
- Letter Regarding Attempts to Contact Patient dated 5/12/09.
- Review Findings dated 3/5/09.
- Orthopedic Report dated 2/18/09.
- Orthopedic Consult dated 8/28/08.
- Motor Nerve Study dated 6/6/08.
- Notice of Disputed Issues and Refusal to Pay Benefits dated 6/25/08, 6/10/08, 5/22/08, 5/15/08, 4/3/08.
- Procedure: Weight Bearing Upright MRI of the Lumbar Spine dated 5/1/08.
- ODG Treatment dated 4/27/10.
- Provider Form date unspecified.
- Article on Assessments for Clinical and Psychological Use.
- Article on Results of Surgery for Discogenic Low Back Pain.
- Article on Systemic Review of Lumbar Discography.
- Article on Systemic Review of Lumbar Provocation Discography.
- Article on Systemic Review of Discography as a Diagnostic Test for Spinal Pain: An Update.
- Article on Governor Appoints Two to Board.
- Article on Does the Number of Levels Affect Lumbar Fusion Outcome.
- Article from PubMed Regarding the Spine.
- Article on Discography Interpretation and Techniques in the Lumbar Spine.
- Article on The Ability of Pressure-Controlled Discography.
- Article on Lumbar Discography in Normal Subjects.
- Article on Diskography in the Evaluation of Low Back Pain.

PATIENT CLINICAL HISTORY (SUMMARY):

Age:

Gender: Female

Date of Injury: xx/xx/xx

Mechanism of Injury: Lifting a box

Diagnosis: Lumbar strain, HNP L5- S1, left SI radiculopathy, bilateral sacroiliac (SI) joints arthropathy (worse on the left), bilateral lumbar facet arthropathy and chronic myofascial pain syndrome.

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

This female was lifting a box on xx/xx/xx and felt sudden pain in her back. A lumbar MRI, performed on 5/01/08, showed a disk herniation at L5- S1. An electromyogram/nerve conduction study (EMG/NCS) of the bilateral lower extremities, performed on 6/06/08, revealed evidence of S1 radiculopathy. A physician record, dated 8/28/08, noted the claimant had persistent low back pain and was diagnosed with a lumbar strain, herniated nucleus pulposus (HNP) at L5- S1 and left SI radiculopathy. Conservative care included medication, physical therapy and a lumbar epidural steroid injection (ESI) which helped her symptoms. A physician record of February 2009 noted the claimant had a resolution of leg symptoms following a second lumbar ESI but had continued back pain. Increased back pain with more frequent radiation to the lower extremities was noted in October of 2009. The claimant's diagnosis remained unchanged as lumbar strain with radiculopathy, bilateral SI joint arthropathy, bilateral lumbar facet arthropathy and chronic myofascial pain syndrome. Continued use of medication was recommended along with a recommendation for bilateral SI joint injections, as diagnostic and therapeutic. The physician records of 2010 revealed the claimant had chronic low back pain. The examinations noted continued restrictions in lumbar motion, tenderness of the SI joints bilaterally and slight impairment of light touch and pinprick sensation in the left lower extremities. Conservative care in the form of medications and SI joint injections continued to be recommended. A 4/19/10 physician record noted the claimant had constant pain in the low back area with occasional radiation to the left lower extremity associated with numbness and tingling in the left foot. A review of a previous psychosocial screening documented that there did not appear to be any psychosocial barrier to recovery. Mechanical back pain of discogenic origin and HNP at L5- S1 was diagnosed. A pre-operative lumbar discogram was recommended. The current request is an appeal for a discogram. The ODG do not support the use of discography as high quality studies on discography have significantly questioned the use of it as a preoperative indication for either spine fusions or intradiscal electrothermic therapy (IDET). As per the ODG, the request cannot be justified in this case with ongoing complaints of back pain. Therefore, the previous adverse determination is upheld.

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

- ACOEM – AMERICAN COLLEGE OF OCCUPATIONAL AND 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.
- x ODG – OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES.

Official Disability Guidelines (ODG), Treatment Index, 8th Edition (web), 2010, Low Back: Discography.

“Not recommended. 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. Also, the findings of discography have not been shown to consistently correlate well with the finding of a High Intensity Zone (HIZ) on MRI. 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 may help distinguish asymptomatic discs among morphologically abnormal discs in patients without psychosocial issues. Precise prospective categorization of discographic diagnoses may predict outcomes from treatment, surgical or otherwise.”

- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR.
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE AND 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).