Advanced Medical Reviews

ACCREDITED EXTERNAL REVIEW

Notice of Independent Review Decision

PEER REVIEWER FINAL REPORT

DATE OF REVIEW: 3/1/2010
IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Appeal; L3-4 L4-5 Discogram with CT scan

QUALIFICATIONS OF THE REVIEWER:
Orthopaedics, Surgery Spine, Neurosurgery

REVIEW OUTCOME:
Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

X Upheld (Agree)

☐ Overturned (Disagree)

☐ Partially Overturned (Agree in part/Disagree in part)

Appeal; L3-4 L4-5 Discogram with CT scan Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Fax page dated 2/9/2010
2. Letter by dated 2/9/2010
3. IRO request form by dated 2/9/2010
4. Notice to air analysis by dated 2/9/2010
5. Request form by author unknown, dated 2/8/2010
6. Appeal of adverse determination by author unknown, dated 2/3/2010
7. Utilization review determination by author unknown, dated 1/27/2010
8. Official Disability Guidelines (ODG)
9. Independent review organization by dated 2/9/2010
10. Evaluation report by dated 1/20/2010
11. Follow up by MD, dated 1/11/2010
12. Follow up by dated 12/2/2009
13. MRI spine lumbar with and without contrast by MD, dated 11/19/2009
14. Consultation by, dated 11/10/2009
15. Radiology report by dated 11/10/2009
16. Follow up by MD, dated 10/23/2009
17. Operative report by MD, dated 10/9/2009
18. Radiography note by MD, dated 10/9/2009
19. New patient visit by MD, dated 9/1/2009
20. Designated doctor evaluation by Author unknown, dated 8/31/2009

21. History note by MD, dated 6/1/2009 to 10/7/2009
22. Electromyography report by MD, dated 4/29/2009
23. New patient by MD, dated 4/21/2009
24. Final report by Author unknown, dated 4/20/2009
25. Injured worker information by Author unknown, dated unknown,
26. Procedure pain log by Author unknown, dated unknown
27. Official Disability Guidelines (ODG)

INJURED EMPLOYEE CLINICAL HISTORY [SUMMARY]:

The injured employee is a female whose date of injury is xx/xx/xx. Records indicate the injured employee was injured when she was assisting a xxxx and injured her back. The injured employee has history of prior L5-S1 fusion. The injured employee complains of back and hip pain. CT scan of the lumbar spine dated 04/20/09 revealed far left lateral disc herniation at L4-5, foraminal stenosis with localized facet and ligamentous hypertrophy; mild disc bulging L3-4; postoperative changes with hardware at L5-S1. EMG dated 04/29/09 revealed chronic bilateral lumbosacral radiculopathy.

A designated doctor evaluation by, M.D., on 08/31/09 noted that the injured employee presented with complaints of pain in the low back, left hip and right hip. On examination the injured employee was noted to be 5'6" tall and 146 pounds. There was tenderness to palpation of the lumbar spine at L4, L5, S1 with spasms of the paravertebral muscles at these levels. Supine straight leg raise was left 45, right 45. Sitting straight leg raise was left 90, right 90. Sitting root test was positive bilaterally. Patrick/Faber test was positive bilaterally. Lumbar range of motion appeared to be decreased with full effort. Sensory exam was within normal limits. DTRs were 2 except for left patellar 1. Dr. determined that the injured employee reached maximum medical improvement as of 08/31/09 with 10% whole person impairment rating.

The injured employee subsequently presented to xxxx for treatment. The injured employee underwent bilateral SI joint injections on 10/09/09 without significant benefit.

The injured employee was seen in consultation on 11/10/09 with chief complaint of low back pain. The injured employee was noted to have been through physical therapy without very much relief. She did have some relief with Medrol Dosepak, and some relief with TENS unit. SI joint injections provided only slight relief. Medications were listed as Tegretol and Elavil for bipolar disorder; Xanax for anxiety; Flexeril, Neurontin and Tramadol. Physical examination reported the injured employee to be alert and oriented x 3. She is able to ambulate without assistance. She does have an antalgic short-stepped gait. She can walk on toes and heels. There is tenderness to palpation of the lumbar spine at the L4-5 level. There are quite a bit of muscle spasms bilaterally. She can forward flex without much discomfort. Extension is limited and causes significant discomfort. Right and left lateral bending does not cause discomfort. Patellar reflexes are symmetric. Achilles reflexes are symmetric. Manual motor testing is 5/5 throughout the bilateral lower extremities. Seated straight leg raise at approximately 80 degrees on the left produces pain in the lower back, negative on the right.

MRI of the lumbar spine was performed on 11/18/09 and showed 3-4mm broad-based posterior disc protrusion at L4-5 with slight impression on the anterior aspect of the thecal sac, with asymmetric extension of disc and spur into the left neural foramen causing narrowing with a focal region of disc appearing to contact the left L4 nerve root within the foramen. Paracentral disc cages were noted at L5-S1. There was slight retrolisthesis of L3 on L4 with 3mm broad-based posterior disc protrusion without central canal or foraminal stenosis.

The injured employee was seen in follow-up on 12/02/09 after undergoing MRI of the lumbar spine. Impression at this time was chronic low back pain possibly secondary to degenerative facet disease at L4-5 with disc herniation compromising the exiting L4 nerve root on the left side in the lateral recess. The injured employee was recommended to undergo facet injections and if she failed to improve, consideration may be given to possible epidural steroid injection versus evaluation with a discogram. The records indicate that posterior element injections were denied, and the injured employee was recommended to undergo lumbar discogram with post CT.

A request for lumbar discogram was reviewed by M.D. on 01/27/10. Dr. determined medical necessity was not supported. He noted that recent high quality studies on discography have significantly questioned the use of discography results as preoperative indication for either IDET or spinal fusion. Dr. noted there were no neurologic findings mentioned and no mention of instability, fracture, mitotic process, etc.

A reconsideration/appeal request was reviewed byM.D. on 02/03/10. Dr. noted that the record makes it clear the injured employee does not have symptoms consistent with radiculopathy. Dr. noted findings on previous imaging studies. Dr. noted there were current records indicating that the injured employee is complaining of low back pain. Imaging studies have confirmed what the examiner reports as a "disc herniation" at L4-5 above her fusion. According to the records and imaging studies the fusion at L5-S1 is solid and without evidence of complication. The injured employee is diagnoses with chronic low back pain possibly secondary to degenerative facet disease at L4-5 with disc

herniation compromising the exiting L4 nerve root on the left side in the lateral recess. The injured employee is noted to have had prior SI injections without benefit. Dr. noted that there was no documentation of failure of conservative treatment, ongoing or currently. No detailed psychosocial assessment was provided. Dr. noted that while it may be likely the injured employee may be having mechanical back pains from documented disc pathology at L4-5, the fact the injured employee is not surgical candidate for L4-5 or L3-4, and the fact she has not had detailed psychosocial assessment nor had reasonable course of passive and active physical therapy in recent pass, the appeal request for L3-4, L4-5 discogram with CT cannot be considered medically necessary.

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

Based on the clinical information provided, medical necessity is not established for lumbar discogram. The injured employee is noted to have sustained an injury in xx/xx, and underwent various imaging studies including plain radiographs as well as MRI and CT scan of lumbar spine. There is no comprehensive history of nature and extent of conservative treatment completed to date. There is no evidence of neurologic deficit or radicular symptomatology documented. As noted by previous reviewers, the current evidence based guidelines do not support use of discography as preoperative indication for IDET or lumbar fusion surgery. Moreover, there should be documentation of failure of conservative treatment including active physical therapy and satisfactory results from detailed psychosocial assessment. The documentation provided for review did include a psychological evaluation that determined the injured employee to be clear for discogram and any subsequent surgery. The clinical data submitted does not support a determination of medical necessity for lumbar discogram. The recommendation is to uphold the previous denials.

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
- **X** 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)