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Notice of Independent Review Decision

DATE OF REVIEW: May 3, 2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Discogram CT at L3-L4 and L4-L5

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

Certified, American Board of Orthopaedic Surgery

REVIEW OUTCOME

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

Upheld (Agree)

Medical documentation **does not support** the medical necessity of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Dr.

- Office visits (08/21/09 – 02/16/10)
- PT notes (08/24/09 – 10/09/09)
- Diagnostics (12/18/09)
- Operative notes (02/05/10)
- Chronic pain management program (02/25/10)

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- Initial review (03/11/10)
- Reconsideration request (04/14/10)

TDI

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- Reconsideration request (04/14/10)

PATIENT CLINICAL HISTORY [SUMMARY]:

This is a male who sustained a work-related lifting injury to his lower back in xxxx.

On August 21, 2009, M.D., an orthopedic surgeon, evaluated the patient for low back pain with left leg paresthesias increased over the last one to one-and-a-half years. *Dr. had carried out an anterior lumbar fusion with cages in 1998, following which the patient went back to work in shipping and receiving. He stated he still worked with a little bit lighter level.* Over the last one to one-and-a-half years, the patient had some mild issues and also had noted paresthesias in the left posterior thigh at about 7-8/10 score and leg symptoms at about 5/10. History was positive back surgery in 1997 and herniorrhaphy. Examination revealed slight paraspinal tenderness at L5-S1 with slightly limited range of motion (ROM). X-rays of the lumbar spine showed Ray cages in good position and small amount of bridging bone anterior to the cages. Dr. diagnosed low back pain with left leg paresthesias, status post anterior interbody fusion at L5-S1 and questionable facet syndrome. He prescribed Mobic as an anti-inflammatory and Ultracet as needed for severe pain in the mornings, initiated physical therapy (PT) and recommended further diagnostics. The patient was claustrophobic and therefore he was prescribed Valium in order to undergo an open MRI.

From August through October, the patient attended four sessions of PT consisting of therapeutic exercises.

Magnetic resonance imaging (MRI) of the lumbar spine showed: (1) Paracentral disc cages at L5-S1 with a 3-4 mm right paracentral defect contacting the right S1 nerve root possibly related to postoperative changes, small focus of disc or small bony spur. (2) A 3-4 mm broad-based posterior disc protrusion at L4-L5 with impression on the anterior thecal sac and mild bilateral neural foraminal narrowing. (3) Findings were compatible with degenerative endplate changes at L5-S1.

On February 5, 2010, M.D. performed bilateral L4-L5 facet injection which provided a minimal relief in the symptoms for about 48 hours.

Dr. noted failure of facet injections and probable transition syndrome at L4-L5. He recommended a lumbar discography at L3-L4 and L4-L5 levels to rule out discogenic syndrome.

In a behavioral medicine evaluation on February 25, 2010, it was noted the patient utilized Mobic, Ultracet and Flexeril. Psychometric testings showed Beck Anxiety Inventory (BAI) score of 19 which indicated high-normal range of anxiety. The patient had many symptoms of stress, but there were no indications of severe emotional issues. He was at mild-to-moderate psychological risk, with minimal medical risk factors. Per evaluation, he might have one or two significant risk factors, but positive factors outweighed negative ones. He was diagnosed with pain disorders associated with psychological factors and a general medical condition. He was cleared for surgery with a fair-to-good prognosis. The evaluator stated the patient might benefit from some psychotherapy, but was still expected to achieve good results.

On March 11, 2010, M.D, denied the initial request for CT discogram with the following rationale: *“The history and documentation do not objectively support the request for a discogram. The ODG do not support the use of discography for the low back complaints. I was unable to contact Dr. to discuss this case. Non-approval is recommended.”*

On April 14, 2010, M.D., denied the appeal for lumbar discogram CT with the following rationale: *“The request for an L3-L4 and L4-L5 discogram and CT was not recommended as medically necessary. Current evidence-based guidelines do not support the use of discography results as preoperative indication for IDET or lumbar fusion. If this diagnostic is to be done anyway, provided medical information still does not meet criteria shown above. There was no documentation that the patient has undergone a psychosocial screen and has been cleared, and no clear plan to proceed to surgical intervention. The need for this request is not substantiated, and non-approval is recommended.”*

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

Although one reviewer failed to identify that a psychological exam had been performed, the major determining factor per ODG remains salient: there is insufficient evidence-based support for the use of discography as a screening tool for determining surgical levels. The best use of discography, as stated by ODG, is to use the study to exclude surgical levels that have already been determined to meet ODG criteria for fusion. Relative to this case, the ODG criteria for fusion have not been documented. As such, the fusion levels have not been determined. As such, discography in order to potentially exclude fusion levels is not indicated.

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

- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES