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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Nov/08/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Lumbar Discogram w/ CT

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

M.D., Board Certified 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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

, 9/30/10, 10/12/10

Lumbar X-ray 3 views, 04/07/10

Lumbar MRI, 04/12/10

Office note, Dr. 04/29/10

Office note, Dr. 09/07/10

Peer review, Dr. 09/28/10

Peer review, Dr. 10/07/10

Letter of Appeal, Dr. Undated

Official Disability Guidelines Treatment in Worker's Comp

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male who sustained a work related injury to his low back on xx/xx/xx when he was moving. The carpet unrolled and knocked him down. X-rays of his lumbar spine on 04/07/10 showed no fracture, spondylolysis or spondylolisthesis. An MRI of his lumbar spine on 04/12/10 revealed mild disc protrusions at L4-5 and L5-S1 with slight spinal cord narrowing at L4-5. There was facet arthropathy in the mid to lower lumbar spine without critical spinal canal or foraminal stenosis. The claimant underwent two lumbar epidural steroid injections with some relief of his symptoms. When he saw Dr. on 09/07/10, the claimant had no change in his back pain and rated it as 7/10. On palpation at L1-S1, the claimant had severe pain and discomfort. He had hypoesthesia in the right L5 dermatome. The claimant also had severe spasm of the paraspinal muscles and the gluteal muscles bilaterally. His lumbar range of motion was decreased with a flexion of 45/60 degrees with sharp severe pain, extension of 15/25 degrees with sharp severe pain and right and left lateral flexion of 15/25 degrees with moderate burning pain. A discogram was recommended by both Dr. and Dr. This was noncertified by two peer reviews as the Official Disability

Guidelines does not support the use of discograms.

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

The evidence based ODG Guidelines do not recommend discography. That said, they do offer patient selection criteria if the procedure is deemed reasonable and appropriate. In general individuals should have back pain of at least three months duration, have failed a period of conservative care including active PT and an MRI scan which documents degenerative change. They should have also been through a psychosocial assessment. There is a cautionary statement, which outlines the fact that it is not typically ordered for individuals who do not meet routine surgical criteria.

The MRI scan in this particular case documents degenerative changes, but without evidence of significant stenosis. The records document that this individual was reportedly suffering from radicular symptoms, although he has some degree of axial back pain. It is also noteworthy that the comments regarding the need for discography were first pointed out in the records within six weeks of the date of injury.

The classic indications for lumbar fusion are not present in this particular case, i.e. structural instability and/or progressive neurologic deficit, tumor, or infection. The purpose of discography in this case would be, in theory, to identify the pain generator.

In general the evidence based ODG literature does not recommend this as noted. Furthermore, individuals should have exhausted conservative treatment and have had back pain for at least three months duration before one would consider proceeding. The first mention of discography in this case was within six weeks of the date of injury for what was purportedly a diagnosis of herniated disc in the lumbar spine with radiculopathy (04/29/10 note). Recommendation was for an epidural steroid injection, but then discography if it did not improve. There is no mention of discography in the more recent note from 09/07/10, which suggested a course of physical therapy.

The records do not make a compelling case for the discography as being medically necessary. There is no clear discussion as to the purpose of this particular study and how it is likely to impact future treatment. Rather, it appears to be to evaluate this gentleman's subjective pain complaints where there is not necessarily a clear indication for its utilization. In addition, there is no indication of a psychosocial screen having been done. For all of the above stated reasons this reviewer would respectfully agree with the previous two reviewers that made an adverse determination regarding its medical necessity and respectfully disagree with the request that this procedure be considered medically necessary based on the information provided. The reviewer finds that medical necessity does not exist for Lumbar Discogram w/ CT.

Official Disability Guidelines Treatment in Worker's Comp, 15th edition, 2010 Updates. Low Back:

Discography is Not Recommended in ODG

Patient selection criteria for Discography if provider & payor agree to perform anyway

- o Back pain of at least 3 months duration

- o Failure of recommended conservative treatment including active physical therapy

- o 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 surgery
- o 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

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

ACOEM-AMERICA 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)