



DATE OF REVIEW: 9/30/10

IRO Case #:

**Description of the services in dispute:**

Thoracic/lumbar discogram with contrast at T11-12, T12-L1, L1-2, and L2-3 outpatient CPT code #62291.

**A description of the qualifications for each physician or other health care provider who reviewed the decision**

The physician providing this review is board certified in Anesthesiology. The reviewer holds additional certification in Pain Medicine from the American Board of Pain Medicine. The reviewer is a diplomate of the National Board of Medical Examiners. The reviewer has served as a research associate in the department of physics at MIT. The reviewer has received his PhD in Physics from MIT. The reviewer is currently the chief of Anesthesiology at a local hospital and is the co-chairman of Anesthesiology at another area hospital. The reviewer has been in active practice since 1978.

**Review Outcome**

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

Upheld

The proposed thoracic/lumbar discogram with contrast at T11-12, T12-L1, L1-2, and L2-3 outpatient, CPT code #62291, is not medically necessary.

**Information provided to the IRO for review**

**Records from the state**

Company request for IRO, 5 pages

Request from for review by independent organization 9/08/10, 2 pages

Workers' Compensation Services denial letter 10/20/08, 4 pages

Workers' Compensation Services denial letter 8/03/10, 4 pages

**Records from URA**

Orthopaedic Center office visit 8/23/10, 4 pages

Workers' Compensation Services notification of reconsideration determination 8/18/10, 4 pages

Orthopaedic Center letter 8/04/10, 2 pages

Orthopaedic Center office visit 7/29/10, 4 pages

Orthopaedic Center office visit 7/01/10, 4 pages  
Orthopaedic Center office visit 6/04/10, 4 pages  
Orthopaedic Center office visit 5/07/10, 4 pages  
Orthopaedic Center office visit 4/09/10, 4 pages  
Orthopaedic Center office visit 3/12/10, 5 pages  
Orthopaedic Center office visit 2/12/10, 4 pages  
Orthopaedic Center office visit 1/15/10, 4 pages  
Orthopaedic Center office visit 2/18/09, 4 pages  
Orthopaedic Center office visit 11/20/09, 4 pages  
Orthopaedic Center office visit 10/23/09, 4 pages  
Orthopaedic Center office visit 9/24/09, 4 pages  
Orthopaedic Center office visit 9/10/09, 2 pages  
Orthopaedic Center office visit 8/27/09, 4 pages  
Orthopaedic Center office visit 6/03/09, 4 pages  
Orthopaedic Center office visit 4/30/09, 4 pages  
Orthopaedic Center office visit 4/15/09, 4 pages  
Orthopaedic Center office visit 4/03/09, 4 pages  
Medical Center CT of abdomen 3/31/09, 1 page  
Orthopaedic Center office visit 3/27/09, 4 pages  
Orthopaedic Center office visit 3/13/09, 3 pages

#### **Patient clinical history [summary]**

The patient is a gentleman who allegedly suffered a workplace injury on xx/xx/xx. Subsequently, he developed low back pain that radiates to the left leg. The physical examination reveals tenderness over the lumbar spine, limited range of motion of the lumbar spine in all planes, variable results of straight leg raising and normal neurological findings. He appears to have been treated conservatively with physical therapy, chiropractic treatment and medications, including moderate-dose opioids.

#### **Analysis and explanation of the decision include clinical basis, findings and conclusions used to support the decision.**

Recent published evidence does not support a role for provocative discography in diagnosis or treatment planning for low back or leg pain. Discography is not recommended by most standard pain management guidelines, including the ODG Treatment Index (see below). Therefore, the proposed thoracic/lumbar discogram with contrast at T11-12, T12-L1, L1-2, and L2-3 outpatient, CPT code #62291, is not medically necessary.

**A description and the source of the screening criteria or other clinical basis used to make the decision:**

The thoracic/lumbar discogram with contrast at T11–12, T12–L1, L1–2, and L2–3 outpatient, CPT code #62291, is not medically necessary. In the past, discography has been used as part of the pre-operative evaluation of patients for consideration of surgical intervention for lower back pain. 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. (Pain production was found to be common in non-back pain patients, pain reproduction was found to be inaccurate in many patients with chronic back pain and abnormal psychosocial testing, and in this latter patient type, the test itself was sometimes found to produce significant symptoms in non-back pain controls more than a year after testing.) Also, the findings of discography have not been shown to consistently correlate well with the finding of a High Intensity Zone (HIZ) on MRI. (Carragee–Spine, 2000) (Carragee2–Spine, 2000) (Carragee3–Spine, 2000) (Carragee4–Spine, 2000) (Bigos, 1999) (ACR, 2000) (Resnick, 2002) (Madan, 2002) (Carragee–Spine, 2004) (Carragee2, 2004) (Pneumaticos, 2006) (Airaksinen, 2006) Positive discography was not highly predictive in identifying outcomes from spinal fusion. A recent study found only a 27% success from spinal fusion in patients with low back pain and a positive single-level low-pressure provocative discogram, versus a 72% success in patients having a well-accepted single-level lumbar pathology of unstable spondylolisthesis. (Carragee, 2006) Discography involves the injection of a water-soluble imaging material directly into the nucleus pulposus of the disc. Information is then recorded about the pressure in the disc at the initiation and completion of injection, about the amount of dye accepted, about the configuration and distribution of the dye in the disc, about the quality and intensity of the patient's pain experience and about the pressure at which that pain experience is produced. Both routine x-ray imaging during the injection and post-injection CT examination of the injected discs are usually performed as part of the study. There are two diagnostic objectives: (1) to evaluate radiographically the extent of disc damage on discogram and (2) to characterize the pain response (if any) on disc injection to see if it compares with the typical pain symptoms the patient has been experiencing. Criteria exist to grade the degree of disc degeneration from none (normal disc) to severe. A symptomatic degenerative disc is considered one that disperses injected contrast in an abnormal, degenerative pattern, extending to the outer margins of the annulus and at the same time reproduces the patient's lower back complaints (concordance) at a low injection pressure.

ODG Treatment Index, Low Back. Encinitas, CA: Work Loss Data Institute, 2010.

Glass, LS, ed. Occupational Medicine Practice Guidelines, 2nd ed. Beverly Farms, MA: OEM Press, 2007, Chapter 12, page 66.

Carragee, E. J., T. Lincoln, et al. (2006). "A gold standard evaluation of the "discogenic pain" diagnosis as determined by provocative discography." Spine 31(18): 2115-23.

Derby, R., B. J. Kim, et al. (2005). "Comparison of discographic findings in asymptomatic subject discs and the negative discs of chronic LBP patients: can discography distinguish asymptomatic discs among morphologically abnormal discs?" Spine J 5(4): 389-94.

Madan, S., M. Gundanna, et al. (2002). "Does provocative discography screening of discogenic back pain improve surgical outcome?" J Spinal Disord Tech 15(3): 245-51.