



Notice of independent Review Decision

DATE OF REVIEW: September 30, 2010

IRO Case #:

Description of the services in dispute:

Lumbar discography at L5-S1 with control level of L4-L5

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

This physician reviewer is board certified by the American Board of Anesthesiology in General Anesthesiology and Pain Medicine. This reviewer is a member of American Society of Anesthesiology, American Society of Interventional Pain Physicians, and American Society of Regional Anesthesia.

Review Outcome:

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

Upheld.

The clinical documentation does not support the request and the procedure is not recommended within ODG guidelines. The patient's previous denials are upheld based on review of the clinical documentation. Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced below, the request for lumbar discography at L4-5 and L5-S1 is not medically necessary.

Information provided to the IRO for review:

Records received from the State:

- Utilization review dated 08/18/2010

Records received from URA:

- Notice to Utilization review agent of assignment of independent review organization 9/14/10
- Request for pre-authorization 8/13/2010
- Appeal letter dated 08/25/2010
- Clinical evaluation dated 08/13/2010

CD from Texas Attorney General:

- Chronic pain management notes dated 05/10/2010 to 07/06/2010
- Physical therapy notes dated 12/01/2008 to 01/16/2009
- MRI lumbar spine dated 01/05/2009
- Neurosurgical evaluation dated 05/13/2009
- Procedure note dated 06/04/2009
- Neurosurgical follow-up dated 07/27/2009 through 09/01/2009
- Second surgical opinion dated 09/28/2009

- Neurosurgical follow-up dated 10/13/2009
- Functional capacity evaluation dated 01/11/2010
- Neurosurgical follow-up dated 12/30/2009 and 03/29/2010
- Designated Doctor Evaluation dated 05/07/2010
- Electrodiagnostic studies dated 05/10/2010
- Neurosurgical follow-ups dated 05/24/2010 and 07/14/2010
- Utilization review report dated 08/31/2010

Patient clinical history [summary]:

The patient is a female, who is being followed for complaints of low back pain. The initial MRI of lumbar spine performed on 01/05/2009, reveals a small central and left to center disc protrusion at L5-S1, and a small right posterolateral disc protrusion at L4-5 impinging on the right L4 and the foramen mildly. Due to the MRI findings, the patient was recommended for epidural steroid injections, which were performed on 06/04/2009. The patient also underwent physical therapy with no significant improvement. The patient was recommended for lumbar fusion at L4-5 and L5-S1. Neurosurgical follow-up on 03/29/2010 states the patient has continued complaints of low back pain despite utilization of medications. The patient also reports numbness and tingling in the lower extremities. The patient was continued on hydrocodone and Ambien. Physical exam reveals limited range of motion to the lumbar spine with no evidence of focal neurologic deficit. Electrodiagnostic studies performed on 05/10/2010 reveal a chronic right-sided L4-5 nerve root with irritation consistent with radiculitis. The patient was recommended for a chronic pain management program that began in May of 2010 and continued through July of 2010. Clinical evaluation on 08/13/2010 states the patient continues to have complaints of constant low back pain. Medications include Fluoxetine, Ambien, and hydrocodone. Physical exam reveals reduced ankle reflexes in the lower extremities with equivocal straight leg raise present. The patient was recommended for discography at L4-5 and L5-S1. This request was denied by utilization review on 08/18/2010. The report opines that guidelines do not recommend the use discography due to lack of efficacy in clinical literature, and the results of the patient's 05/28/2010 behavioral health testing. The request for discography at L4-5 and L5-S1 was again denied by utilization review on 08/31/2010. The report opined that the documentation did not support the request, and there was lack of documentation to support medical necessity.

Analysis and explanation of the decision include clinical basis, findings and conclusions used to support the decision:

Based on the clinical document provided for review, the prior denials are upheld. The clinical notes demonstrate that the patient has primarily radicular complaints in the lower extremities that are right-sided in nature. The patient has undergone prior epidural steroid injections and electrodiagnostic studies do reveal evidence consistent with an L4-5 radiculitis. Given that ODG guidelines do not recommend the use of discography due to the significant questioning of the procedure and high quality clinical studies, discography in this case would not be medically necessary. The patient has not attempted all other reasonable methods of determining pain generators for the patient such as medial branch blocks, facet injections, or selective nerve root

blocks. Additionally, the behavioral health evaluation from 05/28/2010 was not submitted for review clearing the patient for procedures for lumbar spine. Given that the clinical documentation does not support the request, and the procedure is not recommended within ODG guidelines, appropriateness is not established and the prior denials are upheld.

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

Official Disability Guidelines, Low Back Chapter, online version.

Discography

Not recommended. 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.

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