

# US Resolutions Inc.

An Independent Review Organization

1115 Weeping Willow

Rockport, TX 78382

Phone: (512) 782-4560

Fax: (207) 470-1035

Email: [manager@us-resolutions.com](mailto:manager@us-resolutions.com)

## NOTICE OF INDEPENDENT REVIEW DECISION

### DATE OF REVIEW:

Aug/27/2010

### IRO CASE #:

### DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

In-office lumbar spine discogram with outpatient computed tomography (CT) scan to follow at levels L3-4, L4-5, L5-S1

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

MD, Board Certified in Neurological Surgery

### 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

Official Disability Guidelines, Discography

, 7/6/10, 8/2/10, 8/10/10

Preauth Request, 8/5/10

MD, 7/16/10, 7/2/07, 5/29/07, 6/16/10

MD, 8/18/09

MD, 7/8/10

MA, NCC, CRC, 6/21/10

Imaging, 7/17/09

### PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male with low back pain after lifting a heavy toolbox on xx/xx/xx. He has undergone physical therapy, chiropractic therapy, ESIs, and a TENS unit. No abnormalities have been reported in his neurological examination. An MRI of the lumbar spine 07/17/2009 reveals a 1mm broad-based disc bulge at L1-L2. Otherwise, the other lumbar levels are normal. The provider believes that the MRI of the lumbar spine shows disc dessication at L4-L5. A psychological evaluation 07/08/2010 concluded that he was at good risk for a discogram with no psychological treatment needed. The provider is recommending a lumbar spine discogram with outpatient computed tomography CT scan to follow at levels L3-4, L4-5, and L5-S1.

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

The lumbar discogram is not medically necessary. According to the Official Disability Guidelines, "Low Back" chapter, discography is "not recommended". However, if performed, there should be "an MRI demonstrating one or more degenerated discs as well as one or more normal appearing discs to allow for an internal control injection". In this case, no abnormal discs are reported on the MRI radiology report (except for L1-L2, which is not a level being requested for testing). Also, "single level testing, with control" is recommended by the ODG. In this case, multiple level testing is requested. For these reasons, then, the reviewer finds there is not medical necessity for In-office lumbar spine discogram with

outpatient computed tomography (CT) scan to follow at levels L3-4, L4-5, L5-S1.

#### 2010 Official Disability Guidelines

While not recommended above, if a decision is made to use discography anyway, the following criteria should apply

- 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)