

Notice of Independent Review Decision

**DATE OF REVIEW: 04/08/2011**

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

CT discography lumbar L5-S1

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

The physician performing this review is Board Certified, American Board of Orthopedic Surgery. He has been in practice since 1998 and is licensed in Texas, Oklahoma, Minnesota and South Dakota.

**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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

Upon independent review, the reviewer finds that the previous adverse determination should be upheld

Based on the clinical information provided, the request for CT/discography for L5-S1 is not recommended as medically necessary. Evidence-based guidelines as referenced above do not support the use of discography, as concordance of symptoms has been shown to be of limited diagnostic value and is not predictive in identifying outcomes from spinal fusion. In addition, guidelines would recommend psychological evaluation to be performed, as there is evidence that discography in patients with chronic pain behavior has led to significant increases

# The DYLL REVIEW

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in lower back pain following the provocative procedure. Medical records do not contain evidence that such a psychological evaluation has been performed.

In addition, the most recent MRI makes no mention of significant disk abnormalities.

In summary, medical records and documentation available for review and the appropriate guidelines applied to this case would indicate that the need for discography and CT is not medically necessary.

## **INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Records Received: 18 page fax 3/23/11 Texas Department of Insurance IRO request, 37 page fax and 18 page fax both received 3/24/11 URA response to disputed services including administrative and medical records. 26 page fax 3/24/11 Provider response to disputed services including administrative and medical records

- Office notes from, M.D.
- Independent Medical Review from M.D.
- Physician Advisor Report by M.D.
- Numerous administrative records from Insurance Company including physician reviews by Dr. as well as, M.D.
- MRI reports dated 02/12/09 and 10/26/07.
- Procedure note of an epidural steroid injection from M.D.
- EMG/nerve conduction study from M.D.

## **PATIENT CLINICAL HISTORY [SUMMARY]:**

This is a male with initial date of injury xx/xx/xx following a fall. The patient reportedly has had two previous lower back surgeries, most recently on 06/25/08 with lumbar laminectomy and resection of an intradural benign tumor. The most recent MRI was performed on 06/29/10 and showed evidence of the previous laminectomy of L4 through S1, reportedly showing no apparent enhancing fluid collections. Dr. had suggested discography with CT scan of L5-S1, which was found by previous physician review to not meet medical necessity guidelines.

Additionally, an independent medical evaluation was performed on 08/24/10 by Dr.. Dr. opined regarding additional treatment to include epidural steroid injections as well as the possibility of a trial of spinal cord stimulation.

The patient followed up with Dr. on 02/08/11, at which point indications were given that epidural steroid injections had been performed but “they were not helpful.”

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

Upon independent review, the reviewer finds that the previous adverse determination should be upheld

Based on the clinical information provided, the request for CT/discography for L5-S1 is not recommended as medically necessary. Evidence-based guidelines as referenced above do not support the use of discography, as concordance of symptoms has been shown to be of limited diagnostic value and is not predictive in identifying outcomes from spinal fusion. In addition, guidelines would recommend psychological evaluation to be performed, as there is evidence that discography in patients with chronic pain behavior has led to significant increases in lower back pain following the provocative procedure. Medical records do not contain evidence that such a psychological evaluation has been performed.

In addition, the most recent MRI makes no mention of significant disk abnormalities.

In summary, medical records and documentation available for review and the appropriate guidelines applied to this case would indicate that the need for discography and CT is not medically necessary.

ODG Treatment of Workers' Comp, 16th Edition, 2011 updates, Chapter Low Back, CT/Discogram

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

- ACOEM- AMERICAN 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)