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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Aug/15/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

L4-5 Discogram CT

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

MD, 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

Official Disability Guidelines Treatment in Worker's Comp, 16th edition, 2011 Updates : Low
Back : Discography

Peer Review 05/17/11, 06/14/11

OV 11/11/10, 11/18/10, 12/06/10,

Dr. OV 12/13/10, 02/07/11, 03/04/11, 05/09/11, 06/27/11

Dr. 05/11/11

MRI lumbar spine 11/22/10, 04/29/11,

X-ray lumbar spine 12/13/10

Procedure 01/17/11

Behavioral medical evaluation 06/09/11

Discharge instructions 12/06/10

MD Rx 06/27/11

PATIENT CLINICAL HISTORY SUMMARY

This is a female who reportedly tried to hold up a box when it began to fall on xx/xx/xx, which resulted in a back strain. Lower back pain and leg numbness was reported. An initial diagnosis was of left sciatica and the claimant was treated conservatively with medications. A lumbar MRI performed on 11/22/10 showed mild multilevel discogenic disease throughout the lumbar spine with mild areas of foraminal stenosis. A lumbar x-ray followed on 12/13/10, which revealed mild lumbar spine levoscoliosis of eleven degrees centered at L2 with no acute abnormality seen.

A physician record dated 12/13/10 noted the claimant with significant back pain with some mild weakness in the right lower extremity. A bilateral transforaminal nerve root block and epidural steroid L4-5 followed on 01/17/11. Follow up physician records noted the claimant with approximately eighty percent relief following the injection with some increase in pain with

cold weather. The claimant did return to work but started having a return of lumbar pain. The pain in back and legs was noted to have worsened and a repeat lumbar MRI was recommended.

A 04/29/11 lumbar MRI documented early degenerative disc disease and facet osteoarthritis with no evidence of significant spinal canal narrowing. There was mild bilateral neural foraminal stenosis L5- S1. A follow up physician record of 05/09/11 noted the claimant with mechanical complaints with discogenic features with pain with twisting and turning as well as lumbar radiculopathy. The claimant appeared to have good motor function on examination. A psychological screening was recommended for further testing and would be evaluated to rule out surgical intervention.

An Independent Medical Evaluation dated 05/11/11 revealed the claimant had not reached maximum medical improvement with an aggressive exercise program recommended. A 06/09/11 behavioral medical clearance noted the claimant was cleared for discogram. The treating physician record 06/27/11 noted the claimant with significant back pain for approximately five months and recommended a discogram to help determine discogenic source of pain.

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

The requested L4-5 Discogram CT is not medically necessary in this case. There is data to support that discography is not a reliable diagnostic technique. In addition, it can cause degeneration of the disc space in and of itself. Based upon this information, and upon the ODG which does not recommend discography, the reviewer finds no medical necessity for L4-5 Discogram CT.

Official Disability Guidelines Treatment in Worker's Comp, 16th edition, 2011 Updates : Low Back : 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.

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)

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)