

SENT VIA EMAIL OR FAX ON
Nov/28/2011

IRO Express Inc.

An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Nov/23/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Lumbar Discogram L3/4, L4/5, L5/S1 with post discogram CT L3/4 and L4/5 being controls to include 62290, 72295, 77003, 72312

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

Neurosurgery

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

OD Guidelines

Utilization review determination 10/07/11 and appeal request 11/01/11

EMG/NCV 05/04/11

Orthopedic consult and subsequent orthopedic reports Dr. 03/19/10-09/28/11

Battery for health improvement 2 09/14/11

Manual muscle testing and range of motion 07/12/11, 08/31/10, 03/19/10

MRI lumbar spine 08/12/10

X-rays lumbar spine 08/12/10

Lumbar epidural steroid injection 10/25/10

Operative report lumbar laminectomy, discectomy and foraminotomy L5-S1 05/05/10

Transforaminal epidural steroid injection L4-5, L5-S1 02/08/10

Analysis of Official Disability Guidelines position on lumbar discography

Reference material regarding discography

Preauthorization request 10/04/11 and reconsideration request 10/28/11

Designated doctor evaluation 06/01/11

Independent medical evaluation 10/29/10
Lumbar CT myelogram 10/13/11
Electrodiagnostic evaluation 11/24/09
Cervical spine MRI 11/06/09
Lumbar spine MRI 11/06/09
Right knee MRI 11/06/09
Right ankle MRI 11/06/09
Operative report cervical epidural steroid injection 02/11/11

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male whose date of injury is xx/xx/xx. The records indicate the claimant was injured when he was standing on a ladder and it gave out causing him to strike his back and neck on the ground below. Imaging/diagnostic studies of the cervical and lumbar spine were obtained, and the claimant was prescribed physical therapy and medications. Cervical MRI dated 11/06/09 revealed straightening and reversal of cervical lordosis can be seen with muscle spasm or strain, with disc pathology identified at C3-4, C4-5 and C6-7. Lumbar spine MRI revealed disc pathology at the L4-5 and L5-S1 levels lateralizing to the right at the L5-S1 level. After failing a course of conservative care, the claimant underwent L5-S1 lumbar laminectomy, discectomy and foraminotomy on 05/05/10. Repeat MRI of the lumbar spine on 08/12/10 revealed postoperative changes at L5-S1 with posterior right paracentral disc protrusion/herniation and associated 2 mm thickness enhancing epidural fibrosis impinging on the right S1 nerve root and right anterolateral thecal sac. The remaining lumbar levels demonstrate no additional findings. The claimant underwent lumbar epidural steroid injection with lysis of adhesions on 10/25/10. Progress notes indicate that the claimant obtained approximately 70% relief with epidural steroid injection which helped with lower extremity symptoms. The claimant was seen in follow up on 09/28/11 regarding his neck, back and right lower extremity injuries. The claimant has undergone psychosocial screen. He presents with low back pain rated 9/10 with constant pain in the back area, discomfort with side to side movement, soreness and stiffness. He has occasional pain radiating to the right lower extremity with occasional numbness and tingling. He also complains of 7/10 neck pain with constant pain in the neck area with discomfort with side to side movement, soreness and stiffness. Examination of the lumbar spine revealed severe tenderness of the lower lumbar region with decreased range of motion with flexion and extension. Straight leg raises were mildly positive on the right, negative on the left. Motor strength remained decreased on the right as compared to the left. Reflexes remained 2+ bilaterally. Examination of the cervical spine reported tenderness to palpation with decreased range of motion in all directions and positive axial compression test. Motor strength was weakened globally on the right as compared to the left. There is some decreased sensation on the third, fourth and fifth digits of the right hand. Reflexes remain 2+ in the bilateral upper extremities. The claimant underwent psychosocial evaluation on 09/14/11 and is stated to not show any red flags with no apparent psychosocial barriers to recovery. The claimant was recommended to undergo lumbar discography.

A utilization review dated 10/07/11 determined the request for lumbar discography to be non-certified as medically necessary. It was noted that recent high quality studies of 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 patient specific back complaints on injection of one or more disc (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 findings of high intensity zone (HIZ) on MRI. Discography may be justified if the decision has already been made to do spinal fusion and negative discogram could rule out need for fusion (but positive discogram in of itself would not allow fusion). There was no documentation submitted for review that would indicate the claimant would have any type of outlier that would require the use of discography, therefore, adverse determination is

recommended.

A reconsideration / appeal request was reviewed on 11/01/11 and the original non-certification determination was upheld. It was noted there was some confusion based on documentation of Dr. It appears that CT myelogram was being requested rather than CT discogram. It was further noted that based on previous MRI that was performed postoperatively, the claimant only had disease at L5-S1, and therefore, the request for discogram is not medically necessary.

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

Medical necessity is not established for the proposed three level lumbar discogram L3-4, L4-5 and L5-S1 with post discogram CT utilizing L3-4 and L4-5 as controls. The claimant is noted to have sustained injury on xx/xx/xx when he fell from ladder. He subsequently underwent lumbar laminectomy, discectomy and foraminotomy at L5-S1 performed 05/05/10. The claimant continued to complain of back pain radiating down right lower extremity. MRI performed on 08/12/10 revealed postoperative changes at L5-S1 with posterior right paracentral disc protrusion / herniation at L5-S1 level and enhancing epidural fibrosis impinging on the right S1 nerve root. There was no disc bulge, herniation, or foraminal narrowing at any other level of lumbar spine. Electrodiagnostic testing on 05/04/11 reported findings indicative of right L5 chronic lumbar radiculopathy with chronic changes without acute process or acute radiculopathy. Noting that MRI revealed only one level of disc pathology at L5-S1 level, and noting that current evidence based guidelines do not support use of discography as preoperative indication or IDET or lumbar fusion, the request for lumbar discogram is not recommended as medically necessary. Moreover, there is no need for two negative control levels, and this is not consistent with applicable guidelines if discography is to be performed despite recommendation to contrary in current evidence based guidelines. It therefore appears the previous denials were correctly determined and should be upheld on IRO.

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

MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES