



7331 Carta Valley Drive | Dallas, Texas 75248 | Phone: 214 732 9359

Notice of Independent Review Decision

DATE OF REVIEW: 2/18/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE :

CT SCAN DISCOGRAM OF LUMBAR SPINE

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

Board Certified Orthopedic Surgeon/Fellowship Trained Spine 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

PATIENT CLINICAL HISTORY [SUMMARY]:

xx year-old male sustained low back pain and right leg pain after lifting a load. Injured worker (IW) was diagnosed with lumbar HNP and lumbar radiculopathy and underwent a trial of conservative management. Due to persistent symptoms, IW underwent surgical decompression on 10/13/2009. Post surgery, IW had relief of right leg pain which persisted with gradually increasing low back pain. Post surgical history and examinations suggest the low back pain is discogenic in origin. An MRI with contrast was performed on 2/11/2010 that showed normal postoperative changes at L5-S1, and an unchanged annular tear at L5-S1. Requesting spine surgeon is requesting a Discogram for diagnostic reasons, to elucidate the pain generator, whether it be L4-L5, or L5-S1, or both, or neither, in anticipation of possible fusion versus disc replacement.

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

I have reviewed notes, review, the MRI reports, the preoperative procedural notes, employer notes, and the operative reports. At this point, and based on the literature review, the use of discograms to elucidate and confirm the origin of back pain is too controversial to apply towards peer recommendations in the diagnostic workup of back pain generators. There is both support for and support against discography for diagnostic work ups.

The ODG guidelines are as follows: “Discography is Not Recommended in ODG.”

Based on a review of the literature as well as the ODG, discography is not medically necessary for this patient.



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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



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TMF SCREENING CRITERIA MANUAL

**PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE
(PROVIDE A DESCRIPTION)**

**OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME
FOCUSED GUIDELINES:**

Hudgins, Spine. 2(4):305-309, December 1977.

Moneta, Spine. 19(17):1968-1974, September 1994. Reported Pain During Lumbar

Modic, Spine. 21(3):403,404, February 1, 1996.

Guyer, The Spine Journal, 3 (3); 11-27. May 2003.

Carragee EJ, Tanner CM, Yang B, Brito JL, Truong T. False-positive findings on lumbar discography. Reliability of subjective concordance assessment during provocative disc injection. Spine 1999; 24 (23): 2542-2547