

SENT VIA EMAIL OR FAX ON
Jun/28/2011

Applied Assessments LLC

An Independent Review Organization
3005 South Lamar Blvd, Ste. D109 #410
Austin, TX 78704
Phone: (512) 772-1863
Fax: (512) 857-1245
Email: manager@applied-assessments.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Jun/27/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

1 Lumbar Discogram at L3/4, L4/5, and Le/S1 with Post-CT Scan

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

MD board certified physical medicine and rehabilitation/pain management

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

The injured employee is a male whose date of injury is xx/xx/xx. Records indicate he was injured when he lifted and twisted and felt immediate onset of lower back pain. MRI of the lumbar spine performed 05/25/09 revealed mild spondylosis at L1-2 through L3-4 with no evidence for impingement or significant stenosis; L4-5 disc desiccation and broad based bulge possibly mild protrusion but without evidence of impingement; L5-S1 disc desiccation and degenerative endplate change, broad disc herniation which projects centrally and posterolaterally to the left with no central canal stenosis, but there is bilateral foraminal narrowing with definite potential for impingement upon the exiting nerve roots left greater than right. Electrodiagnostic testing performed 02/10/10 reported only significant abnormalities of fibrillations in the left L5 and S1 paraspinal muscles and right S1 paraspinal muscles which suggest a bilateral S1 radiculopathy and L5 radiculopathy on the left. CT myelogram performed 02/14/11 reported lumbar spondylosis with borderline spinal stenosis at L2-3 and L4-5 with grade 1 spondylolisthesis present at L5-S1 which appears to be degenerative in etiology. A disc bulge at L5-S1 may contact the S1 nerve root within the lateral recesses. There is moderate bilateral foraminal stenosis at L5-S1 and mild left foraminal stenosis at L4-5. Flexion extension views noted grade 1 spondylolisthesis at L5-S1 with no evidence for pathologic motion with flexion and extension. The injured employee was seen for pain management consultation on 04/11/11. Physical examination at that time reported the injured employee to be 5'9" tall and 210 pounds. The injured employee was noted to have an antalgic gait, with no evidence of a foot drop. Lumbar spine examination revealed limited range of motion with

flexion compared to extension. The injured employee was segmentally tender around L4-5 and L5-S1. There was no paraspinal atrophy. Seated and supine straight leg raise was negative. There was no pain with facet loading. Faber's test was negative. There was no sacral sulcus tenderness. Hip examination on internal and external rotation did not reproduce back or groin pain. Neurologic examination reported intact sensation from L2 to S1 for light touch. Motor strength was intact. Reflexes were symmetrical.

A request for lumbar discogram with post-CT scan at L3-4, L4-5 and L5-S1 was determined as not certified as medically necessary on 05/02/11. Reviewer noted that current guidelines do not recommend discograms as present scientific evidence for its benefits are conflicting. If used anyway there should be documentation of failure to respond to conservative treatment such as pain medications and physical therapy which was not objectively documented. Additionally guidelines indicate this should be limited to a single level plus control level. The request as presented is for three levels total. As such the certification for the requested service has not been substantiated. A peer to peer discussion with the requesting provider indicated the injured employee did complete physical therapy and epidural steroid injections. The requester indicated that the surgeon wanted to determine what level is the symptom generator. No additional information was provided in support for the request.

A reconsideration/appeal request was reviewed on 05/24/11 and determined to be non-certified. It was noted on examination there was limited range of motion of the lumbar spine with negative straight leg raise. The injured worker was neurologically intact. Treatment has included medications, injections, physical therapy, chiropractic care and chronic pain management program. However, evidence based guidelines do not consistently support discography in the evaluation/management of low back injuries and therefore medical necessity is not substantiated. It was noted that after peer to peer conversation with the requesting provider that the request for discography does not meet evidence based guidelines criteria (patient selection criteria for discography if provider and payer agree to perform anyway) for back pain of at least three months duration, failure of conservative treatment, MRI demonstrating one or more degenerative disc as well as one or more normal appearing disc, satisfactory results from detailed psychosocial assessment and request coming from a spine surgeon in preparation for a planned surgical procedure in order to exclude surgical intervention at a disc level. It was noted there was no documentation that the provider and payer agreed to perform anyway and therefore medical necessity is not substantiated.

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

Based on the clinical information provided, the proposed three level discogram with post CT scan at L3-4, L4-5 and L5-S1 is not indicated as medically necessary. The injured employee sustained an injury to the low back secondary to lifting on xx/xx/xx. His condition has been refractory to conservative care. The injured employee has undergone multiple diagnostic studies including MRI, EMG, flexion extension films and CT myelogram. Examination on 04/11/11 revealed no neurologic deficit with intact motor and sensory examination and symmetrical reflexes. Seated and supine straight leg raise was negative. As such the injured employee does not appear to be a candidate for surgical intervention. Current evidence based guidelines do not support the use of discography as a pre-operative indication for lumbar fusion, citing several recent high quality studies that have significantly questioned the use of discography as a pre-operative evaluation. These studies have suggested that concordance of symptoms is of limited diagnostic value. Positive discography was not highly predictive in identifying outcomes from spinal fusion. If discography is to be performed, guidelines reflect that there should be single level testing with one negative control level. It appears that the diagnostic / imaging studies completed to date have appropriately identified relative spine pathology, and CT discogram of lumbar spine is not medically necessary.

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

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

[X] ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES