

# US Decisions Inc.

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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:** Jul/15/2011

**IRO CASE #:**

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

Lumbar discogram with post CT L3-S1

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

MD, Board Certified Neurological Surgery

**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 claimant is a male who is reported to have sustained an injury to his low back as result of fall of 15 feet. He is reported to have severe low back pain radiating to bilateral lower extremities left greater than right. The record includes MRI of lumbar spine which is reported normal T12-L1 through L3-4. At L4-5 there is a mild circumferential annular bulge with mild facet arthropathy. The central canal is patent. There is mild bilateral neural foraminal stenosis. At L5-S1 the intervertebral disc is desiccated. There is mild circumferential annular bulge with a small broad based left paracentral disc protrusion, moderate facet arthropathy, and early mass effect on left lateral recess. On 04/21/09 the claimant was seen by Dr.. He is reported to have complaints of back and leg pain. It is reported there is a right L2 transverse process fracture and L5-S1 disc bulge on imaging studies. His physical examination is unremarkable. Records indicate the claimant received chiropractic treatment from, D.C. On 05/30/09 the claimant underwent CT of lumbar spine, which showed a broad based disc bulge at L5-S1 with nondisplaced fracture of right transverse process of L2. On 12/30/10 the claimant was seen by Dr.. Dr. notes the history above. He noted the claimant is doing light work with no lifting. His current medications include Hydrocodone and Metaxalone. He has not had any epidural steroid injections. He received chiropractic treatment and physical therapy. He discusses the claimant's imaging studies and reports the claimant continues to be symptomatic. He is reported to have bilateral radicular pain in hips and legs primarily on left side. He reported feeling numbness

and dysesthesias in left leg.

On physical examination he is 5'9" tall and weighs 190 lbs. There is a loss of lumbar lordosis. He walks with slightly flexed posture to low back. There is limited mobility of low back in all directions. He has paralumbar musculature tightness. There is tenderness over both sciatic outlets particularly on left. Straight leg raise is positive on right at 60 degrees and on left at 45. Deep tendon reflexes are 2+ in knees and ankles. He has slightly antalgic gait. He is able to heel and toe stand. He has no pathologic reflexes. There is some decreased sensation mainly in left S1 dermatome. He is opined to have posttraumatic L4-5 and L5-S1 disc pathology with chronic mechanical low back pain and lumbar radiculopathies. He subsequently was recommended to undergo CT myelography of lumbar spine.

On 02/21/11 the claimant was seen by Dr., a designated doctor. Dr. notes the history above and that EMG/NCS has identified a right L5 radiculopathy. The claimant presents with complaints of pain in the head, neck, upper back, middle back, lower back, bilateral shoulders, hips, knees, ankles and feet. He complains of numbness in the bilateral shoulders, arms, legs, pins and needles, tingling and burning in the back and weakness in his entire body. He reports his pain level to be 8/10. On physical examination he's 5'9" and weighs 195 pounds. He has no apparent distress and ambulates in the examination room slowly with guarded gait and does not utilize any supportive devices. He has tenderness

from L3 to S1 bilaterally. Range of motion of the cervical spine was within normal limits. Lumbar range of motion was decreased with pain. Shoulder range of motion is symmetric.

It's reported that the claimant did not give full effort on grip strength testing. Testing of the bilateral median, radial and ulnar nerves was normal. Motor strength is graded as 5/5. Right patellar reflex is 2+ and left 1+. Knee range of motion is normal. Motor strength in the

bilateral lower extremities is reported to be 3/5 globally. He was able to heel toe walk but gave poor effort. It was opined that the claimant was at clinical maximum medical improvement receiving a 10% whole person impairment. The records contain a repeat EMG/NCV dated 03/02/11 which again reports a right L5 lumbar radiculopathy. Records indicate that the claimant underwent a right-sided L5-S1 epidural steroid injection on

01/27/11. Records indicate that CT myelogram was performed on 03/23/11. The myelographic portion reports mild anterior extradural defects present at L3-4 and L4-5. There

is no evidence of nerve root compromise or instability on flexion and extension. Post myelogram CT reports a mild broad based disc bulge at the L3-4 level causing mild encroachment upon the anterior aspect of the dural aspect of the neural foramina. His facet joints are maintained. At L4-5 there's an asymmetrical bulge at the disc causing mild encroachment upon the anterior dural aspect and right neural foramen. The left neural foramen facet joints are pained. At L5-S1 there's mild to moderate central bulging of the disc noted causing mild to moderate encroachment upon the central aspect anterior portion of the dural sac. Neural foramina and facet joints are maintained. On 04/11/11 the claimant was seen in follow up by Dr. It is reported that he has significant lumbar pain with bilateral radiating hip and leg pain more so on the left. It is reported to have been two years since his injury. Studies have shown mainly L4-5 and L5-S1 disc pathology. It is opined that his

recent myelogram showed three level problems. He subsequently recommends undergoing three level lumbar discography and post discographic CT scan in an effort to identify his

pain generator. The initial request was reviewed on 04/19/11 by Dr., which was non-certified.

Dr. reports that the claimant has a history of chronic lumbar pain radiating into the bilateral lower extremities and that current guideline recommendations do not support the use of discography and that based upon the clinical information submitted for review and using evidence based peer reviewed guidelines the request is not certified as medically necessary. A subsequent appeal request was reviewed on 04/25/11 by a neurosurgeon who determined the request was not medically necessary. She notes that the imaging studies submitted for review indicated the claimant had disc bulging at

L4-5 and L5-S1. She notes that the claimant has remained symptomatic despite physical therapy, medication management and epidural steroid injections.

She notes that the claimant was recently placed at maximum medical improvement during a designated doctor evaluation. She reports that the Official Disability Guidelines do not recommend lumbar discography secondary to a lack of scientific literature to support the efficacy of this treatment. She further notes that the claimant has not undergone a pre-procedure psychological evaluation and that the Official Disability Guidelines suggests that the study be conducted at one level with an additional control level. She reports that the current request is for three levels and there is no evidence of psychological evaluation submitted.

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

The request for lumbar discogram with post CT L3-S1 is not supported by current evidence based guidelines. The previous determinations are upheld. The submitted clinical records indicate the claimant has a long-standing history of low back pain with radiation into bilateral lower extremities. The available data indicates the claimant has disc degeneration at L5-S1 and right L5 radiculopathy by electrodiagnostic studies. Subsequent imaging studies have indicated progressive degenerative changes at L4-5 level. Current evidence based guidelines do not support the use of lumbar discography as an isolated indication for performance of spinal fusion procedures. At present, the claimant is not a candidate for spinal fusion, as there is no instability documented on flexion and extension views performed during myelography. It is further noted that the claimant has not undergone a preoperative psychiatric evaluation to address any potentially confounding issues, which could skew the results of the study. Based on the clinical information provided, the request for Lumbar discogram with post CT L3-S1 is not supported by current evidence based guidelines. The reviewer finds no medical necessity for Lumbar discogram with post CT L3-S1.

**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)