

SENT VIA EMAIL OR FAX ON
Mar/12/2011

IRO Express Inc.

An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Mar/09/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Low Pressure Lumbar Discogram post CT scan L5/S1

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

Board Certified Orthopedic Surgeon (Joint)

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

1. Orthopedic consult and orthopedic reports 05/17/10 through 02/15/11
2. Designated doctor evaluation report 05/28/10
3. Initial consultation 03/12/10
4. New patient evaluation and follow up clinic notes 08/20/09 through 01/05/10
5. Manual muscle testing and range of motion evaluation 05/17/10 through 12/21/10
6. MRI of the lumbar spine 12/15/10
7. Battery for health improvement 2 (BHI2) 06/16/10
8. Chest x-ray 09/24/09
9. Electrocardiogram 09/24/09
10. Lumbar myelogram with post CT 09/18/09
11. Lumbar spine AP/lat/flex/ext 08/20/09
12. MRI of the lumbar spine 08/04/09
13. Clinical lab report 09/24/09
14. Operative report 10/05/09 regarding limited right L5 hemilaminotomy, medial facetectomy and microdiscectomy
15. Procedure report epidural steroid injection 08/31/09
16. Preauthorization determination 01/24/11 regarding denial low-pressure lumbar discogram post-CT scan L5-S1

17. Preauthorization determination 02/08/11 regarding appeal denied low-pressure lumbar discogram post-CT scan L5-S1

PATIENT CLINICAL HISTORY SUMMARY

The injured employee is a male who was lifting a heavy part when he noticed sudden onset of pain and discomfort in the low back area radiating into the right lower extremity. After failing a course of conservative care including epidural steroid injections, the injured employee underwent surgery on 10/05/09 with right L5 hemilaminotomy, medial facetectomy and microdiscectomy. The injured employee participated in post-operative physical therapy program with no relief. Records indicate the injured employee reported he felt about the same after surgery as he did before surgery. Repeat MRI performed 12/15/10 revealed evidence of disc pathology at T11-12, L4-5 and L5-S1. At L4-5 there is a posterior 2mm disc protrusion/herniation pressing on the thecal sac with no neural foraminal narrowing. At L5-S1 there is evidence of post-operative changes, with a posterior 3mm disc protrusion/herniation approaching the thecal sac at the midline along with 2-3mm thickness enhancing epidural fibrosis along the posterior left paracentral to posterior right paracentral aspect of the disc and extending along the right lateral aspect of the thecal sac towards the lamina on the right. There is enhancing epidural fibrosis that essentially surrounds the right S1 nerve root with no definite epidural fibrosis related to the left S1 nerve root. Orthopedic report dated 12/21/10 noted the injured employee still complains of 8/10 lumbar pain. He reports pain radiates into the buttocks and thigh but does not go down to his toes. Physical examination reported lumbar tenderness. There was painful and decreased lumbar flexion. Lumbar range of motion reproduces the injured employee's back, buttocks, and thigh pain. Straight leg raise elicits back pain. Lower extremity motor strength and sensation are intact and reflexes are symmetric. The injured employee was noted not to have radiculopathy at this time and therefore not a good candidate for epidural steroid injections or revision laminectomy. The injured employee was recommended to undergo lumbar discogram.

A preauthorization request for low-pressure lumbar discogram post-CT scan L5-S1 was reviewed on 01/24/11. The request was denied per physician advisor who noted that the records available for review did not document that a formal psychological assessment had been accomplished to determine if there were any psychological barriers with respect to the current medical situation.

An appeal request for low-pressure lumbar discogram post-CT scan L5-S1 was reviewed on 02/08/11 and denied per physician advisor. The physician advisor noted that clinical studies have yet to definitely establish the benefit from discograms, and discogram is not recommended by Official Disability Guidelines. It further noted that the injured employee had previous lumbar surgery at L5-S1, and there is an increased rate of positive discogram in these cases, which would question the validity of results.

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

Based on the clinical data provided, medical necessity is not established for low-pressure lumbar discogram post-CT scan L5-S1. The injured employee is noted to have sustained a lifting injury to the low back. The injured employee is status post decompressive surgery performed 10/05/09 with right L5 hemilaminotomy, medial facetectomy and microdiscectomy. The injured employee remains symptomatic following surgical intervention and did not improve with postoperative physical therapy. Repeat MRI dated 12/15/10 revealed postoperative changes at L5-S1 level with posterior disc protrusions at L4-5 and L5-S1, with epidural fibrosis especially on the right at L5-S1. There is no indication the injured employee had an attempt at adhesiolysis of epidural fibrosis. On clinical examination the injured employee had no findings of motor, sensory or reflex changes. Current evidence based guidelines do not support the use of lumbar discography as preoperative indication for either IDET or lumbar fusion. Recent studies have noted concurrence of symptoms is of limited diagnostic value. It is further noted that findings on discography have not been shown to consistently correlate well with findings of high intensity zone (HIZ) on MRI. If discography is to be performed despite this, there should be satisfactory results from detailed psychosocial assessment as discography in subjects with emotional and chronic pain problems has been

linked to reports of significant back pain for prolonged periods of time after injection, and therefore should be avoided. There is no documentation the injured employee had detailed psychosocial evaluation. As such, the proposed low-pressure lumbar discogram with post CT scan L5-S1 is not indicated as medically necessary and was correctly denied on previous reviews.

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)