

SENT VIA EMAIL OR FAX ON
Apr/20/2012

True Decisions Inc.

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Apr/19/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Discography with post discography CT scan lumbar L4/5, L5/S1 and L3/5 control level

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

Anesthesiology/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

OD Guidelines

There are a total of (129) pages submitted for review. Records include administrative papers, prior non-certification determination review dated 01/11/12, second non-certification determination appeal review dated 02/23/12, progress notes from Orthopedics (08/03/11 to 03/30/12), progress notes from Pain Consultants (08/25/11 to 03/15/12), evaluations from Orthopedics (02/15/12 and 02/10/12) and lumbar MRI dated 06/01/11.

PATIENT CLINICAL HISTORY SUMMARY

The patient is a male with a reported date of injury of xx/xx/xx. The patient was at a stop sign when another vehicle rear-ended the trailer he was pulling with his vehicle. He initially attended PT with minimal improvement prior to having initial orthopedic consult on 08/03/11. A lumbar MRI dated 06/02/11 indicated a right paracentral and posterolateral disc protrusion at L5/S1 projecting 7mm into spinal canal compressing the right anterior thecal sac and the traversing right S1 nerve posterolaterally against the flava ligament. There is mild displacement of the traversing left S1 nerve but no evidence of compression. There is a broad based protrusion or ligamentous annular complex injury at L4/5 compressing the

anterior thecal sac and displacing the traversing L5 nerves posteriorly and potentially irritating the nerves. There is a recent progress note from Orthopedics dated 03/30/12 MD. This discusses prior non-certifications of requested discogram. The patient today indicates that he has 90% back pain and 10% RLE pain that radiates down through his calf and into his ankle. Current medications listed as Lidocaine topical patch, 5% (700mg /patch). On exam of lumbosacral spine, there is good heel/toe walk. Straight leg raise is positive at 30 degrees on the right and negative SLR on left. Reflexes at patella and Achilles are normal bilaterally. No clonus or ankle jerks, bilaterally. On palpation, there is decreased sensation in the S1 nerve root on the right. The physician states that there is much more back pain than leg pain and proposed discogram is to identify pain generators in the lower back. He also states that proceeding with just a discectomy procedure will not alleviate the low back pain.

There is a prior non-certification review dated 01/11/12 and performed by MD. Determination reasons include ODG indications which do not recommend discograms. If discograms are utilized, it is in anticipation of IDET or fusion. As instability is not indicated, there is no reason to anticipate a fusion.

There is a non-certification appeal dated 02/23/12 that was performed by MD. Determination reasons again indicate that there was no evidence of instability in the lumbar spine and therefore, no anticipation of necessity of a discogram for decision making in regards to surgery.

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

The requested discography with post CT scan at lumbar levels L4/5 and L5/S1 with control level of L3/4 is not indicated as medically necessary based on the clinical data submitted for review. As stated per ODG, discography is not recommended. In the past, discography has been used as part of the pre-operative evaluation of patients for consideration of surgical intervention for lower back pain. However, the conclusions of recent, high quality studies on 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 the patient's specific back complaints on injection of one or more discs (concordance of symptoms) is of limited diagnostic value. As stated, there is no evidence of instability of the lumbar spine that would necessitate a fusion procedure. The patient is not a candidate for either an IDET or spinal fusion and therefore, not a candidate for invasive discography. It also is noted that ODG guidelines do not support the use of discography as a preoperative indication as recent high quality studies have questioned the diagnostic value of concordance of symptoms. If discography is to be done despite this, there should be satisfactory results from a 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 after injection, and therefore should be avoided. The records submitted do not document completion of a psychological evaluation. The request is not supported as medically necessary.

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