

# IMED, INC.

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## Notice of Independent Review Decision

**DATE OF REVIEW:** 04/26/2012

**IRO CASE #:**

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

72275, EPIDUROGRAPY RAD S&I  
62290, INJ PROC DISCOGRAPHY EA LEVEL; LUMB

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

Board Certified Orthopedic Surgeon

### REVIEW OUTCOME:

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

  X   Upheld (Agree)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

### INFORMATION PROVIDED TO THE IRO FOR REVIEW:

05/23/07 – Clinical Note –

1. 11/05/08 – Clinical Note –
2. 11/05/08 – Clinical Note –
3. 11/13/08 – MRI Lumbar Spine
4. 11/18/08 – Clinical Note –
5. 12/03/08 – Clinical Note –
6. 12/31/08 – Clinical Note –
7. 02/02/09 – Clinical Note –
8. 02/10/09 – Clinical Note –

9. 02/10/09 – Range of Motion Evaluation
10. 03/31/09 – Clinical Note –
11. 04/30/09 – Clinical Note –
12. 06/25/09 – Clinical Note –
13. 08/20/09 – Operative Report
14. 08/20/09 – Radiographic Interpretation Note
15. 09/08/09 – Clinical Note –
16. 09/17/09 – Clinical Note –
17. 09/17/09 – Radiology Report
18. 11/02/09 – Clinical Note –
19. 03/31/10 – Clinical Note –
20. 06/29/10 – Clinical Note –
21. 11/03/10 – Clinical Note –
22. 12/01/10 – Clinical Note –
23. 01/21/11 – Clinical Note –
24. 02/11/11 – Clinical Note –
25. 07/11/11 – Clinical Note –
26. 12/21/11 – Clinical Note –
27. 01/24/12 – Behavioral Medicine Evaluation
28. 01/26/12 – Clinical Note –
29. 01/31/12 – Clinical Note –
30. 03/23/12 – Denial Determination Notice
31. 03/30/12 – Correspondence –
32. 04/09/12 – Adverse Determination of Appeal
33. 04/11/12 – Clinical Note –

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The claimant is a male with a history of low back pain following a work injury. The claimant saw

on 11/05/08 with complaints of low back pain with radiation to the left lower extremity rating 8 out of 10. The claimant's medications included hydrocodone and Advil. Physical exam revealed no focal sensory deficits. There was full strength throughout. The claimant was able to heel and toe walk. Thoracolumbar range of motion testing revealed flexion to 31 degrees, extension to 4 degrees, left lateral flexion to 7 degrees, and right lateral flexion to 5 degrees. There was tenderness to palpation noted from T10 to S1 with pinpoint tenderness over the paraspinal musculature at L2 and L3. Radiographs of the lumbar spine revealed hypolordosis of the lumbar spine. The disc heights were relatively well-maintained in the lumbar spine. There were lytic findings at the transverse process of L1 and L2 on the left, as well as some sclerosis into the left sacroiliac joint. The claimant was assessed with thoracic sprain/strain, lumbar sprain/strain, and possible transverse process fracture at L1-2 on the left. The claimant was recommended for MRI of the lumbar spine. The claimant received electrical muscle stimulation in conjunction with cryotherapy. MRI of the lumbar spine performed 11/13/08 revealed small hemangiomas scattered throughout the lumbar vertebral bodies. There were degenerative endplate changes along the inferior endplate of L4. At L3-4, there was a small disc protrusion identified within the proximal aspect of the left neural foramen, containing a small annular fissure. There was no sign of direct contact of the left L3 nerve root. At L4-5, there was a 3mm broad-based posterior disc protrusion with annular fissure noted along the left posterior lateral aspect of the annulus. There were mild degenerative facet joint changes. There was no central canal stenosis.

The claimant saw on 02/10/09 with complaints of low back pain with radiation to the left lower extremity rating 4 out of 10. Physical exam revealed provoked low back pain with bilateral straight leg raise. The claimant was assessed with discogenic pain in the lumbar spine. The note states the claimant had completed physical therapy. The claimant was recommended for participation in a work conditioning program. The claimant underwent left L4-5 transforaminal epidural steroid injection on 08/20/09. The claimant reported 100% pain relief for 1 to 2 days post-procedure. The claimant saw on 06/29/10 with complaints of low back pain rating 5 out of 10. Physical exam revealed the claimant was independent with mobility. There was no significant lumbar tenderness. There was some pain and hypertonicity with forward bending. The claimant was given a Depo-Medrol injection. The claimant saw on 12/21/11 with complaints of low back pain rating 8 out of 10. The note states the claimant was stable on Ultram, Naprelan, and hydrocodone. Physical exam revealed no tenderness to palpation of the lumbar spine. There was mild hypertonicity of the bilateral paraspinals. There was discomfort with forward bending and extension. There was general stiffness with range of motion in all planes. The claimant was assessed with chronic low back pain following a work-related lifting injury. The claimant was recommended for discogram for further surgical consideration, targeting L3-4 and L4-5 with L5-S1 as a possible control disc. The claimant was cleared for spinal surgery from a psychological standpoint on 01/24/12.

The claimant saw on 01/26/12 with complaints of increased low back pain rating 7 out of 10. The claimant reported minimal relief from a TENS unit. Physical exam revealed normal balance and coordination. There was tenderness to palpation of the lumbar sacral region, as well as the bilateral sacroiliac joints. There was no weakness of the lower extremities. The claimant was assessed with acute flare of chronic lumbar pain. The claimant was given a Depo-Medrol injection. The claimant was recommended for lumbar discography. The claimant saw on 01/31/12 with complaints of increased low back pain rating 7 out of 10. The claimant reported minimal relief from a TENS unit. The claimant's medications included hydrocodone, Naprelan, and Ultram. Physical exam revealed normal balance and coordination. There was tenderness to palpation of the lumbar sacral region, as well as the bilateral sacroiliac joints. There was no weakness of the lower extremities. The claimant was assessed with acute flare of chronic lumbar pain. The claimant was given a Depo-Medrol injection. The claimant was recommended for lumbar discography.

The request for discography was denied on 03/23/12 as the Guidelines did not support the use of discography as part of pre-operative evaluation for consideration of surgical intervention for low back pain. A letter by on 03/30/12 states the claimant failed non-operative measures, to include injection, activity modification medications, and therapy. There were visible acute changes on MRI with annular tear. The letter states CT discography would help eliminate any adjacent segments from consideration of medical treatment. The request for discography was denied on 04/09/12 due to studies suggesting discography was of limited diagnostic value. Conclusions of recent high quality studies on discography had limited questionable use of discography results. The claimant saw on 04/11/12. Physical exam was not performed. The claimant was assessed with chronic low back pain with failed conservative treatment. The claimant was recommended for a spinal cord stimulator.

### **ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION:**

The requested lumbar discography with epidurography, radiological supervision and interpretation is not recommended as medically necessary based on current evidence based guideline recommendations and the *Official Disability Guidelines*. Several high quality clinical studies have demonstrated the limited diagnostic value of discography for determining the need for spinal procedures such as lumbar fusion and the procedure is not recommended. The clinical documentation does not indicate that the claimant has reasonably exhausted all other methods for establishing symptomatic lumbar disc levels, such as diagnostic facet blocks or diagnostic CT studies. Given the limited evidence in clinical literature recommending lumbar discography and the lack of documentation indicating that all other diagnostic procedures have been exhausted, the requested lumbar discography with epidurography, radiological supervision and interpretation is not recommended as medically necessary.

### **A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER**

\_\_\_\_\_ **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**

  **X**   **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)**

**REFERENCES:**

Official Disability Guidelines, Low Back Chapter, Online Edition

Discography

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.

Discography is Not Recommended in ODG.

Patient selection criteria for Discography if provider & payor agree to perform anyway:

- o Back pain of at least 3 months duration
- o Failure of recommended conservative treatment including active physical therapy
- o An MRI demonstrating one or more degenerated discs as well as one or more normal appearing discs to allow for an internal control injection (injection of a normal disc to validate the procedure by a lack of a pain response to that injection)
- o Satisfactory results from detailed psychosocial assessment (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)
- o Intended as screening tool to assist surgical decision making, i.e., the surgeon feels that lumbar spine fusion is appropriate but is looking for this to determine if it is not indicated (although discography is not highly predictive) (Carragee, 2006) NOTE: In a situation where the selection criteria and other surgical indications for fusion are conditionally met, discography can be considered in preparation for the surgical procedure. However, all of the qualifying conditions must be met prior to proceeding to discography as discography should be viewed as a non-diagnostic but confirmatory study for selecting operative levels for the proposed surgical procedure. Discography should not be ordered for a patient who does not meet surgical criteria.
- o Briefed on potential risks and benefits from discography and surgery
- o Single level testing (with control) (Colorado, 2001)
- o Due to high rates of positive discogram after surgery for lumbar disc herniation, this should be potential reason for non-certification

and Systematic Review of Lumbar Discography as a Diagnostic Test for Chronic Low Back Pain. Pain Physician 2009; 12:541-559.

Diskography in the evaluation of low back pain. J Am Acad Orthop Surg. 2006 Jan;14(1):46-55.

Carragee EJ, Barcohana B, Alamin T, van den Haak E, Prospective controlled study of the development of lower back pain in previously asymptomatic subjects undergoing experimental discography, *Spine*. 2004 May 15;29(10):1112-7.