

INDEPENDENT REVIEWERS OF TEXAS, INC.

4100 West Eldorado Pkwy' Suite 100 -373 . McKinney, Texas 75070
Office 469-218-1010 . Toll Free Fax 469-374-6852 e-mail: independentreviewers@hotmail.com

Notice of Independent Review Decision

Date notice sent to all parties:

August 6, 2012 and August 15,
2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Reconsideration (34086) Lumbar Discogram and Post CT w/o contrast

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

Board Certified in Anesthesiology and Pain Medicine

REVIEW OUTCOME:

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

Upheld (Agree)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

Required medical exam Dr. 06/06/11

Office notes Dr. 06/21/11-05/16/12

Procedure note sacroiliac joint injection left with arthrogram 10/26/11 and 02/20/12

Office visit notes Dr. 04/24/12

Pre-authorization request form 06/04/12

Utilization review determination 06/01/12

Utilization review determination 06/07/12

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a male whose date of injury is xx/xx/xx. Records indicate he was injured when he fell off the back of a truck. The claimant reportedly has gone through exhaustive conservative treatment including exercise program, medications, chronic pain management, and epidural steroid injections with no significant improvement. Claimant has also undergone sacroiliac joint injection on the left times two. The first sacroiliac injection reportedly gave 75% relief for 6 weeks, with the second injection resulting in only 35% improvement for less than 2 weeks. Claimant was seen by Dr. on 04/24/12 with back pain and bilateral leg pain, back pain worse than leg pain. MRI scan was noted to reveal discal pathology at L1-2 associated with previous MRI scan revealing L3-4 and L4-5. X-rays of the lumbar spine including flexion extension views were noted to reveal L3-4, L4-5 and L5-S1 posterior column deficit with facet subluxation, foraminal stenosis with nearly pinhole foraminal stenosis at L5-S1 with no functional spinal unit collapse. Physical examination revealed positive spring test, inter iliac crest line, positive extensor lag, positive sciatic notch tenderness on the left only, negative fort and finger test; negative flip test bilaterally, negative Lasegue's bilaterally at 45 degrees, negative Braggard's, absent posterior tibial tendon jerks, hypoactive ankle jerk on the left, no gross motor deficits. There was paresthesia in the left L5 nerve root distribution on the left on the dorsum of the foot.

A request for lumbar discogram and post CT without contrast was non-certified as medically necessary on 06/01/12 noting that Official Disability Guidelines does not support the use of discography as a diagnostic test.

A reconsideration request for lumbar discogram and post CT without contrast was again denied on review dated 06/07/12 reviewer noted that previous request was non-certified as Official Disability Guidelines do not support the use of discography as a diagnostic test. This test is also being considered as a diagnostic test to identify pain generators as a pre-operative evaluation. Official Disability Guidelines do not recommend discography. There has been documentation of studies that have recently questioned considering the use of discography as a pre-operative indication. Additionally the records do not indicate failure of conservative care and/or a psychosocial evaluation as recommended if the provider and payer desire to proceed with this study. As such the request is not considered reasonable and necessary and previous appeal and previous denial is upheld.

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

Based on the clinical data provided, medical necessity is not established for the proposed lumbar discogram and post CT without contrast. The claimant was noted to have sustained an injury to the low back on 05/27/10. He is noted to

have had extensive conservative care without resolution of symptoms. Claimant was recommended to undergo provocative discography and post discogram CT from L1-2 through to L5-S1 to document pain generators as a pre-operative evaluation. Per Official Disability Guidelines, discography is not recommended as a pre-operative indication for either IDET or lumbar fusion, noting that recent high quality studies have suggested that concordance of symptoms is of limited diagnostic value. If discography is to be performed 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. There's no indication the claimant has undergone a psychological evaluation. Moreover there should be single level testing (with control). The multilevel discogram recommended by Dr. does not meet criteria. As such the previous denials are upheld.

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

Reference: Official Disability Guidelines Low Back Chapter

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. 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. (Pain production was found to be common in non-back pain patients, pain reproduction was found to be inaccurate in many patients with chronic back pain and abnormal psychosocial testing, and in this latter patient type, the test itself was sometimes found to produce significant symptoms in non-back pain controls more than a year after testing.) Also, the findings of discography have not been shown to consistently correlate well with the finding of a High Intensity Zone (HIZ) on MRI.

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