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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:
Nov/30/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Discography with post Discogram CT Scan L2/3, L3/4 and L5/S1

A 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:

[X] Upheld (Agree)

[ ] Overturned (Disagree)

[ ] Partially Overturned (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether medical necessity exists for <u>each</u> health care service in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:
ODG - Official Disability Guidelines & Treatment Guidelines
Cover sheet and working documents
MRI lumbar spine 07/08/03
CT lumbar spine 06/30/04
Operative report 01/19/06
MRI lumbar spine without contrast 11/23/09
Clinical assessment and follow-up notes 01/15/10-11/16/12
Operative report 12/13/11
Operative report 02/07/12
MRI lumbar spine 06/11/12
Initial medical evaluation 07/19/12
Lumbar myelogram with CT myelography of lumbar spine 08/30/12
Mental health evaluation 09/13/12
Mental health testing 10/10/12
Utilization review determination 10/16/12
Utilization review determination 11/05/12

PATIENT CLINICAL HISTORY [SUMMARY]:
The claimant is a male whose date of injury is xx/xx/xx. Mechanism of injury is described as lifting. After failing a course of conservative care, the claimant underwent PLIF L4-5 on 01/19/06. He subsequently underwent a left L5-S1 microdiscectomy on 12/13/11 with repeat left L5-S1 microdiscectomy on 02/17/12. The claimant continued with right greater than left

low back pain and reported numbness throughout the left greater than right upper extremity and right greater than left low back pain. MRI of the lumbar spine dated 06/11/12 revealed post-operative changes with left laminotomy and microdiscectomy at L5-S1. At L4-5, there was interbody fusion and posterior fusion with pedicle screws and rods. There appeared to be progressive spinal canal stenosis at L3-4. Examination on 10/08/12 reported antalgic gait bilaterally. Neuro exam reported positive straight leg raise on the right, with positive femoral stretch test. Deep tendon reflexes were 2/4 at the bilateral knees and ankles. Babinski was downgoing and clonus was negative. Motor strength was 5/5 throughout the bilateral lower extremities. Sensation was normal to light touch. The claimant was recommended to undergo lumbar discography.

A request for discography with post-discography CT scan at L2-3, L3-4, and L5-S1 was non-certified per review dated 10/16/12. It was noted that Official Disability Guidelines do not recommend discography based on recent high quality studies which have significantly questioned the use of discography results as a pre-operative indication for either IDET or spinal fusion. The clinical documentation provided for review included a pre-surgical mental health evaluation which stated that, at the time, it was insufficient to adequately determine a prognosis from a psychological perspective. Psychotherapy recommendations were unable to be determined. Given the lack of positive current literature and the mental health evaluation, medical necessity could not be met for this request.

An appeal request for discography with post-discography CT scan at L2-3, L3-4, and L5-S1 was non-certified per review dated 11/05/12, noting that there remained no documentation of positive current literature recommending the requested procedure and there remained no documentation of psychological clearance for the procedure.

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

The request for lumbar discography with post-discography CT scan at L2-3, L3-4, and L5-S1 is not supported as medically necessary based on the clinical data provided. The claimant sustained an injury secondary to lifting on 12/17/03. He is status post posterior lumbar interbody fusion at L4-5 on 01/19/06. He is also status post left L5-S1 microdiscectomy times two on 12/13/11 and 02/07/12. He continued to complain of low back pain as well as numbness throughout the left greater than right lower extremities. On examination, the claimant had no evidence of motor, sensory, or reflex deficits. Straight leg raise was reported as positive on the right, with positive femoral stretch test. An MRI of the lumbar spine dated 06/11/12 revealed post-operative changes of prior fusion at L4-5, and prior left sided laminotomy and microdiscectomy at L5-S1 with some epidural scarring along the left lateral margin of the thecal sac in the left S1 nerve root. At L3-4, there appears to be progression of spinal canal stenosis. The documentation submitted for review includes a pre-surgical mental health evaluation performed on 09/13/12, and follow up mental health testing with summary and recommendations on 10/10/12. According to testing and evaluation for surgical outcome, it appeared that the claimant had good post-operative or it appeared that the patient had good potential surgical outcomes, but post-operative psych treatment was recommended. As noted on previous reviews, Official Disability Guidelines do not support the use of discography results as a pre-operative indication for either IDET or lumbar fusion, noting that recent high quality studies have questioned the diagnostic value of discography. As such, medical necessity is not established, and previous denials are upheld.

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

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[ ] MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

[ ] MILLIMAN CARE GUIDELINES

[X] 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)