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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Feb/13/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

CT discogram L3-4, L4-5 and L5-S1

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

M.D., Board Certified Orthopedic Surgeon

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

Official Disability Guidelines

Utilization review determination dated 01/04/12

Reconsideration / appeal of adverse determination 01/25/12

New patient evaluation and follow-up Dr. 11/09/11 and 01/25/12

Office visit notes Bone and Joint Clinic 04/22/09-10/30/09 (various providers)

Physical therapy evaluation 04/29/09

MRI lumbar spine 04/14/09

Second opinion evaluation Dr. 01/26/12

EMG/NCV 07/18/11

Lumbar discogram with post discogram CT 01/19/12

Lumbar spine x-rays 04/08/10

Case review 10/24/11

Office visit D.C. 10/18/11

PATIENT CLINICAL HISTORY SUMMARY

The injured employee is a male who sustained injury to low back on xx/xx/xx when the chair he was sitting in collapsed. He felt and heard pop in his low back. He complains of low back pain with bilateral lower extremity pain, tingling and swelling. MRI of lumbar spine performed 04/14/09 revealed mild chronic low lumbar disc changes with no significant canal stenosis and no foraminal compromise at any level. Electrodiagnostic testing performed on 07/18/11 was reported as abnormal study with evidence of chronic L4-5 and L5-S1 radiculopathy, bilateral; right carpal tunnel syndrome. He was treated with physical therapy, epidural steroid injections x 2 and one nerve block. The first epidural steroid injection provided three days of relief with about 50% improvement, and 2nd injection lasted one month with about 70% relief. Physical examination performed 11/09/11 revealed the injured employee ambulates with antalgic gait requiring a cane. He is unable to heel and toe walk and has severe restrictions

in lumbar flexion / extension. There was moderate diffuse generalized lumbar tenderness. There are no long tract signs. Deep tendon reflexes are 1+ bilaterally in patellar and Achilles tendon. Strength testing reveals 4+/5 strength in tibialis anterior, EHL, and gastrocs bilaterally. Sensation is grossly intact to light touch. Straight leg raise elicits back pain in supine position bilaterally at 50 degrees. CT discogram has been recommended in order to assess that he would be appropriate surgical candidate.

A utilization review determination dated 01/04/12 recommended non-certification of lumbar discogram L4-5, L5-S1. According to medical records, the injured employee has been treated with physical therapy, medications, facet injections, epidural steroid injections, and chronic pain management program. MRI performed on 04/14/09 demonstrated mild chronic low lumbar disc changes.

There is no significant canal stenosis and no foraminal compromise at any level. Prominence of caudal canal epidural fat is probably an incidental finding, but correlation should be made with clinical factors. The claimant underwent new patient evaluation with Dr. on 11/09/11 at which time the injured employee presented with complaint of low back pain. It was noted he sustained stroke in July of this year. He reported constipation last year but that improved. He has bladder complaints. He states he feels full after urination and does dribble urine. Examination demonstrates antalgic gait requiring cane, inability to heel and toe walk, severe restrictions in lumbar flexion / extension, moderate diffuse generalized lumbar tenderness, negative long tract signs, with bilateral downgoing Babinski and negative clonus, deep tendon reflexes are 1+ bilaterally at knees and ankles, 4+/5 strength in tibialis anterior, and EHL gastrocs bilaterally, grossly intact sensation, and back pain elicited with straight leg raise. It was the physician's opinion that the injured employee has primarily axial low back pain, discogenic in origin. The physician is recommending CT discogram to assess whether the injured employee would be an appropriate surgical candidate. The reviewer noted that Official Disability Guidelines does not recommend discography and since Official Disability Guidelines does not recommend this type of procedure the medical necessity for this study has not been established and is not recommended.

A reconsideration/appeal of adverse determination dated 01/25/12 again recommended adverse determination/non-certification of CT discogram L3-4, L4-5 and L5-S1. The reviewer noted that on review of the injured employee's record there is no objective radiographic evidence of segmental instability at L4-5 or L5-S1. Additionally the injured employee's physical examination reveals no objective evidence of neurologic deficit and hints no evidence of lumbosacral radiculopathy. It is unclear as to the assessment that injured employee could be a surgical candidate. Based on evidence based literature which does not recommend discography for the reasons mentioned above, including the lack of clarity as to why this injured employee can be considered a surgical candidate based on the facts as noted above, the request for CT discogram of L3-4, L4-5 and L5-S1 cannot be considered medically appropriate.

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

The clinical data provided does not support a determination of medical necessity for CT discogram L3-4, L4-5 and L5-S1. The claimant is noted to have sustained an injury to the low back in xxxx when the chair he was sitting in collapsed. He complains of low back pain and bilateral lower extremity pain. MRI of the lumbar spine reveals mild chronic low lumbar disc changes with no significant canal stenosis and no foraminal compromise at any level of the lumbar spine. The injured employee is noted to have been treated conservatively with physical therapy, medications, and epidural steroid injections. There is no clear evidence of a surgical lesion that would indicate the injured employee is a surgical candidate. Per Official Disability Guidelines, lumbar discogram is not recommended as medically necessary based on recent high quality studies that have significantly questioned the use of discography as a pre-operative indication for spinal fusion, noting 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 evaluation as discography in patients with emotional and chronic pain problems has been linked to reports of significant back pain for prolonged periods after injection, and should therefore be avoided. There is no indication that the

injured employee in this case has undergone psychological evaluation. Records indicate that CT discogram was performed on 01/19/12 despite non-certification. Report indicates that there was concordant pain response at L3-4, L4-5 and L5-S1, which is an invalid discogram as there was no negative control level.

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)