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Notice of Independent Review Decision

DATE OF REVIEW: 03/05/2012

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Item in dispute: Discography, Lumbar, Radiological Supervision and Interpretation
Dates of Service From 12/23/2011 to 12/23/2011

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

Board Certified in Orthopaedic Surgery

REVIEW OUTCOME

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

Denial Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

The documentation submitted for review includes official MRI of the lumbar spine dated 01/16/2009 read by official operative report dated 03/27/2010 performed by official MRI of the lumbar spine dated 09/16/2010 read by clinical note dated 09/15/2011 by appeal for denial of post lumbar interbody fusion at the L5-S1 by peer review dated 12/27/2011 by clinical note dated 01/06/2012 by peer review dated 01/12/2012 for denial of discogram by cover sheet and other working documents.

PATIENT CLINICAL HISTORY (SUMMARY):

The patient is a male with a reported injury on xx/xx/xx. The official MRI of the lumbar spine dated 01/16/2009 read by indicated the patient had a 2 to 3 mm disc bulge at the L2-3, L3-4, and L4-5 levels without central canal narrowing. It was also noted the patient had a L5-S1 loss of nucleus pulposus signal intensity and a 7 mm posterior disc protrusion, which posteriorly displaced the left S1 nerve root.

The official operative report dated 03/27/2010 by indicated the patient underwent a lumbar laminectomy and disc excision at the L5-S1 level with medial facetectomy at the L5-S1 level.

The official MRI of the lumbar spine dated 09/16/2010 read by noted the patient had mild retrolisthesis at the L5 on S1, post-surgical changes noted at the L5-S1 with enhancing post-surgical granulation tissue, and evidence of a 3 mm left foraminal disc protrusion at the L4-S1 levels, as well as a 4 mm right foraminal disc protrusion at the L3-L4.

The clinical note dated 09/15/2011 revealed the patient stated a stack of crown molding fell off a scaffold and landed on top of him while at work. It was noted the patient had complaints of constant aching pain in the lumbar spine that radiates into the left leg. It was noted the patient had a stated pain level of a 10/10, pain that is accompanied by numbness in the left leg. It was noted that the patient's pain is alleviated by nothing, and that activities of daily living are painful and difficult. Physical examination of the back demonstrated diffuse mild tenderness on palpation, and lumbar range of motion was 40% of normal on flexion and extension. The patient was noted to have a positive straight leg raise on the left. The note indicated that the patient was status post laminectomy and discectomy at the L5-S1 on the left with poor result and what appears to be instability.

The appeal to denial services dated 12/14/2011 revealed the request for surgery to the left-sided transforaminal posterior lumbar interbody fusion at L5-S1 with posterolateral fusion at L5-S1 and instrumentation and interbody cage at the L5-S1 was non-certified. It was noted that the patient's fusion was denied due to lack of psychological evaluation, and no discogram of the L4-S1 levels.

The peer review dated 12/27/2011 revealed that the request for a lumbar discogram was non-certified due to discography being experimental and investigational in nature, and that the patient has had no psychological evaluation.

The peer review dated 01/12/2012 revealed the patient's appeal for a lumbar discogram at the L4-S1 levels again was non-certified due to discograms being not recommended by guidelines, and no psychological evaluation

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

The patient is noted to be status post laminectomy at the L5-S1 levels on 03/27/2010. It was noted the most recent MRI of the lumbar spine dated 09/16/2010 revealed the patient had mild retrolisthesis of the L5 on S1. It is noted the patient has been treated conservatively to include physical therapy, medications, as well as epidural steroid injections. It is noted the patient has had continued low back pain that radiates into the lower extremities. The patient was recommended for a fusion at the L4-S1 levels due to possible lumbar instability. The patient's surgical request was deemed not medical necessary due to lack of psychological evaluation and no discography having been done. The patient's 2 prior requests for discography of the lumbar spine have been non-certified. The **Official Disability Guidelines** state that a discography is not recommended by guidelines; however, if agreed to be performed, the patient must meet specific criteria to include a satisfactory result from a detailed psychosocial assessment,

and single level testing with control level. The documentation provided does not indicate that the patient has had a satisfactory result from a detailed psychosocial assessment, and therefore, does not meet criteria for discography. Furthermore, it is noted that the guidelines do not recommend discography due to its limited diagnostic value. Given the above indications, the previous determinations of non-certification of discogram of the lumbar spine on L4-5 and L5-S1 is upheld.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION

REFERENCES: Official Disability Guidelines, Low Back Chapter, Online Version
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