

# Prime 400 LLC

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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:** Mar/19/2012

**IRO CASE #:**

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

Lumbar Discogram @ L2/3, 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 Surgery

**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  
Adverse determination letter 01/20/12  
Adverse determination letter 02/01/12/amended 02/02/12  
Preauthorization request form / reconsideration 01/25/12  
Clinical records 10/05/11-01/20/12  
Psychological evaluation 01/16/12  
MRI lumbar spine 08/31/11  
New patient questionnaire 10/05/11

**PATIENT CLINICAL HISTORY SUMMARY**

The claimant is a male who sustained an injury to the low back on xx/xx/xx. The claimant is noted to have remote history of L4-5 discectomy performed in 1991. He complains of low back pain and right leg pain. MRI lumbar spine was performed on 08/31/11 and revealed multilevel degenerative disc disease and joint changes with neural foraminal narrowing greatest on right at L4-5. There is severe disc space height loss at this level with endplate spondylosis and concentric disc bulge asymmetric to right. There is bilateral facet arthrosis with moderate to severe right and moderate left neural foraminal stenosis. There is no lateral recess narrowing on left with mild central spinal canal and effacement. Records indicate treatment has included active physical therapy, which increases function but does not improve pain symptoms or spasm. Selective nerve root injection is performed on right at L4-5 without any lasting improvement. Progress note dated 11/16/11 indicated right leg sciatica on physical examination; chronic low back pain; no weakness; normal gait; and no long tract signs. It was indicated the claimant may need 1 or 2 level fusion to treat chronic low back pain.

A preauthorization request for lumbar discography was non-authorized as medically necessary per adverse determination letter dated 01/20/12. The reviewer noted that 11/16/11 note reported back and right leg pain with failure of conservative treatment. The note documents right sciatica, chronic back pain, no weakness, normal gait and no long tract

signs. MRI revealed multilevel degenerative changes most pronounced at L4-5. There was record of no improvement with L4-5 epidural steroid injection. There is prior medical history of remote lumbar surgery. Per Official Disability Guidelines, discography is not recommended.

A reconsideration / appeal request for lumbar discography was non-authorized per adverse determination letter dated 02/01/12 and amended 02/02/12. It was noted the claimant was injured while helping lift 150 lb box and developed sudden onset of acute low back pain.

Diagnosis was postlaminectomy syndrome, lumbar region, and displacement of lumbar intervertebral disc without myelopathy. The claimant is status post lumbar discectomy and foraminotomy at L4-5 in 1991. MRI of lumbar spine on 08/31/11 showed multilevel degenerative disc and joint changes with neural foraminal narrowing greatest on right at L4-5. Subjective complaints from 01/16/12 were constant low back and buttock pain graded 3-6/10 on VAS. The claimant reported occasional spasms with radiation through right leg down back of calf. Physical examination was not performed. Objective findings on 11/15/11 were back pain only in mid L5 area. The claimant underwent lumbar epidural steroid injection on right at L4-5 on 11/02/11 with no reported decrease of pain. He has undergone physical therapy. On 01/26/12, psychological evaluation cleared the claimant for discogram. Per evaluation by requesting physician on 11/06/11 there are subjective complaints of severe back and pain in right leg that did not respond to non-surgical care. On physical examination there was right leg sciatica, chronic low back pain, no weakness on examination, with normal gait and no long tract signs. It was noted that this was reconsideration of previously non-certified request for lumbar discogram at L2-3, L3-4 and L4-5. There were no new medical records to evaluate. Official Disability Guidelines do not support lumbar discogram. Recent studies have suggested a reproduction of individual's specific back complaints on injection of one or more disc is of limited diagnostic value.

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

This man had a lifting injury to low back on 08/24/11. He was treated conservatively with physical therapy and medications. Epidural steroid injection provided no significant pain relief. MRI revealed multilevel degenerative disc and joint changes with neural foraminal narrowing greatest on right at L4-5. He has subjective complaints of severe back pain and right leg pain not responsive to nonsurgical care. Physical examination noted right leg sciatica, chronic low back pain, no weakness on examination with normal gait and no long tract signs. Current evidence based guidelines do not support use of discography as preoperative indication for lumbar fusion as concordance of symptoms is of limited diagnostic value. Consequently, the reviewer finds no medical necessity for Lumbar Discogram @ L2/3, L3/4, L4/5 and L5/S1. Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be 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
- 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)