

MAXIMUS Federal Services, Inc.
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Notice of Independent Review Decision

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Notice of Independent Medical Review Decision

Reviewer's Report

DATE OF REVIEW: May 14, 2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

62290 - Injection Procedure Discography EA Level; LU
72132 - CT scan, lumbar spine with contrast
72295 - Discography lumbar-RAD S&I

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

M.D., Board Certified in 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)

62290 - Injection Procedure Discography EA Level; LU is not medically necessary for treatment of the patient's medical condition.

72132 - CT scan, lumbar spine with contrast is not medically necessary for treatment of the patient's medical condition.

72295 - Discography lumbar-RAD S&I is not medically necessary for treatment of the patient's medical condition.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Request for a Review by an Independent Review Organization dated 4/23/12.
2. Confirmation of Receipt of a Request for a Review by an Independent Review Organization (IRO) dated 4/23/12.
3. Notice of Assignment of Independent Review Organization dated 4/24/12.
4. Patient medical records from the Institute dated 2/9/12 through 4/4/12.
5. Patient medical records from the xxxxx dated 2/28/12.
6. Patient medical records from the xxxxx dated 1/19/12 through 4/2/12.
7. Patient medical records from the xxxxx dated 10/26/11.
8. Denial documentation.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male firefighter and paramedic who sustained a work related injury to his lower back on xx/xx/xx, due to a fall while getting into a fire engine with all of his gear on. The records reviewed indicated that the patient has been treated for low back pain since the injury. Physical exams do not indicate any radicular pain, numbness, tingling or paresthesias into the leg. A lumbar MRI, performed on 10/28/11, demonstrated degenerative disc and joint changes at multiple levels. The records show the patient has been treated with chiropractic treatments, bilateral facet injections and medications. On 4/4/12, the patient was seen in consultation and the physical exam showed a mildly positive Fabere test bilaterally. The provider indicated that the patient would benefit from operative intervention and the best option would be a disc replacement. It was recommended that a confirmatory test such as a discography would be needed to confirm the patient's pain generator is at the L5-S1 level. The provider has requested authorization for lumbar discogram with CT scan at L5-S1, specifically, 62290 - Injection Procedure Discography EA Level, LU; 72132 - CT scan, lumbar spine with contrast; and 72295 - Discography lumbar-RAD S&I. The Carrier has denied coverage for the requested service on the basis that it is not medically necessary.

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

In the past, discography has been used as part of the pre-operative evaluation of patients when considering surgical intervention for low back pain. However, recent studies in the peer reviewed medical literature suggest that reproduction of a patient's specific back pain on injection is of limited diagnostic value, as pain production was found to be common in non-back pain patients as well. Additionally, the findings of discography have not been shown to consistently correlate well with findings of a high intensity zone (HIZ) on MRI. Given that the efficacy of discography with CT scan has not been proven in the peer reviewed medical literature, the procedure is not recommended in the Official Disability Guidelines (ODG). Thus, the Carrier's denial was appropriate.

Based upon the information set forth above, I have determined the following:

62290 - Injection Procedure Discography EA Level; LU is not medically necessary for treatment of the patient's medical condition.

72132 - CT scan, lumbar spine with contrast is not medically necessary for treatment of the patient's medical condition.

72295 - Discography lumbar-RAD S&I is not medically necessary for treatment of the patient's medical condition.

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

ACOEM- AMERICAN 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)