



Specialty Independent Review Organization

**Notice of Independent Review Decision**

**Date notice sent to all parties:** 10/1/2012

**IRO CASE #:**

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

The item in dispute is the prospective medical necessity of Inj Proc Diskography Ea Level LU, CAT Scan Lumbar spine with contrast, discography lumbar-RAD S & I.

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

The reviewer is a Medical Doctor who is 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)

The reviewer agrees with the previous adverse determination regarding the prospective medical necessity of Inj Proc Diskography Ea Level LU, CAT Scan Lumbar spine with contrast, discography lumbar-RAD S & I.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

Records were received and reviewed from the following parties:  
Organization and Institute

These records consist of the following (duplicate records are only listed from one source): Records reviewed from Organization:

Organization:

Denial Letters – 8/17/12, 9/14/12

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IRO Determination – 5/14/12  
Institute:  
Pre-authorization Request – 8/14/12  
Test Form – 8/13/12  
Patient Profile – 2/2/12  
Chart Note – 8/13/12  
Follow-up Notes – 3/19/12, 6/25/12  
New Patient Visit Note – 2/9/12, 4/4/12  
Radiology Report – 4/4/12  
Appeal Request – 8/21/12  
Center for Diagnostics & Surgery:  
Operative Report – 2/28/12  
Radiography Note – 2/28/12  
Spine Center:  
Office Visit Notes – 2/1/12-4/2/12  
New Patient Visit – 1/19/12  
Sports Medicine Center:  
MRI Lumbar Spine w/o Contrast – 10/26/11

Records reviewed from Institute: All records were duplicates from above.

A copy of the ODG was not provided by the Carrier or URA for this review.

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The was noted to have sustained an injury while working. While getting into he fell, sustaining a back injury. He is noted to have ongoing back pain with a 10/11 dated lumbar MRI revealing multiple levels of degenerative changes, including a superimposed disc herniation at the L3-4 level. Evidence of facet arthrosis and foraminal narrowing have also been documented. Treatments have included injections of the facets and therapy, along with medications. Attending Physician's records have been reviewed, including the most recent 8/13/12 dated record. The neurologic exam is noted to be unremarkable although ongoing low back pain has been well-documented. There has been a consideration for fusion or artificial disc replacement and therefore the provider has considered a CT-discogram at this time. Denial letters have documented the lack of significant neurologic abnormalities, lack of comprehensive recent non-operative treatment details/failures and the lack of reliability of discograms in particular.

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

Applicable clinical guidelines and recent medical literature have evidenced that discograms in particular cannot be considered adequately reliable in identifying primary sources of pain generation within this patient's spinal disks. There has

been no evidence of any significant abnormal neurologic examination that would potentially correlate with discally-associated nerve root impingement. The claimant has already undergone an MRI scan without evidence of any technical reliability issues. Detailed documentation of recent trial and failure of extensive comprehensive non-operative treatments has also not been evidenced within the records submitted for review at this time.

Reference: ODG Low Back Chapter  
DISCOGRAPHY

Not recommended. In the past, discography has been used as part of the pre-operative evaluation of patients for consideration of surgical intervention for lower back pain. However, the conclusions of recent, high quality studies on discography have significantly questioned the use of discography results as a preoperative indication for either IDET or spinal fusion. These studies have suggested that reproduction of the patient's specific back complaints on injection of one or more discs (concordance of symptoms) is of limited diagnostic value. (Pain production was found to be common in non-back pain patients, pain reproduction was found to be inaccurate in many patients with chronic back pain and abnormal psychosocial testing, and in this latter patient type, the test itself was sometimes found to produce significant symptoms in non-back pain controls more than a year after testing.) Also, the findings of discography have not been shown to consistently correlate well with the finding of a High Intensity Zone (HIZ) on MRI.

CT SCAN INDICATIONS

- Thoracic spine trauma: equivocal or positive plain films, no neurological deficit
- Thoracic spine trauma: with neurological deficit
- Lumbar spine trauma: trauma, neurological deficit
- Lumbar spine trauma: seat belt (chance) fracture
- Myelopathy (neurological deficit related to the spinal cord), traumatic
- Myelopathy, infectious disease patient
- Evaluate pars defect not identified on plain x-rays
- Evaluate successful fusion if plain x-rays do not confirm fusion (Laasonen, 1989)

The requested treatment is not medically necessary.

**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)**