

# INDEPENDENT REVIEWERS OF TEXAS, INC.

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## Notice of Independent Review Decision

### Date notice sent to all parties:

October 1, 2012

### IRO CASE #:

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

62290 Inj Proc Diskography Ea Level, LU  
72132 CAT scan, lumbar spine: with contrast  
72295 Diskography Lumbar-Rad S&I

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

Board Certified Orthopedic Surgeon

### REVIEW OUTCOME:

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

Upheld (Agree)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

### INFORMATION PROVIDED TO THE IRO FOR REVIEW:

clinical notes 12/22/11 and undated notes  
Procedure note 06/05/12  
MRI lumbar spine 04/09/12  
Electrodiagnostic studies 07/19/12  
Procedure radiographs 06/05/12

Radiographs lumbar spine 04/25/12  
Clinical notes 04/25/12-08/14/12  
Prior reviews 08/20/12 and 09/13/12  
Cover sheet working documents

### **PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a male who sustained injury on xx/xx/xx while lifting a heavy object. The patient developed low back pain that did not improve with physical therapy medications or facet injections. MRI of the lumbar spine dated 04/09/12 revealed disc protrusions at L4-5 and L5-S1 with mild facet arthropathy noted at L4-5. No foraminal or canal stenosis at either level was identified. Electrodiagnostic studies from 07/19/12 were normal. The patient also underwent facet injections on 06/05/12 which did not improve the patient's symptoms. Clinical evaluation on 08/14/12 stated that the patient reported pains reported complaints of low back pain with extension. Physical examination revealed no focal neurological deficits. The patient was recommended to undergo lumbar discography at L4-5 and L5-S1. The request for lumbar discography at L4-5 and L5-S1 was denied by utilization review as the procedure was not recommended by Official Disability Guidelines and there was no psychological evaluation provided for review. The request was again denied by utilization review on 09/13/12 as Official Disability Guidelines does not recommend the procedure and there was no psychosocial assessment documented.

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

The request for lumbar discography at L4-5 and L5-S1 is not recommended as medically necessary. Per Official Disability Guidelines the use of discography in determining pain generators is not recommended as there are high quality clinical studies which significantly question the efficacy of the procedure's ability to determine pain generators for surgical intervention. There is insufficient clinical documentation to support that the patient should exceed guideline recommendations. No psychological evaluation was submitted for review addressing confounding issues that would reasonably affect the patient's testing. Additionally upon review of the MRI study of the lumbar spine both the L4-5 and L5-S1 levels both have discal pathology and there was no normal level recommended for a control comparison. As the clinical documentation provided for review does not support exceeding guideline recommendations which do not recommend discography medical necessity is not established and the prior decisions

are upheld.

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

**MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**

**ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**

**Official Disability Guidelines, Online Version, 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.

**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