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An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:
Dec/05/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Outpatient discogram and post discogram CT scan L3/4, L4/5, L5/S1

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
PM&R
Pain Medicine

REVIEW OUTCOME:

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

[X] Upheld (Agree)

[ ] Overturned (Disagree)

[ ] Partially Overturned (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether medical necessity exists for <u>each</u> health care service in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:
ODG - Official Disability Guidelines & Treatment Guidelines
Clinical notes 06/04/12
Clinical notes 02/22/13
Clinical notes 06/26/13
Clinical notes 07/29/13
Behavioral assessment 08/02/13
Clinical notes 09/23/13
Clinical notes 10/28/13
MRI lumbar spine 07/11/13 and 08/21/13
Adverse determinations 10/04/13 and 11/12/13

PATIENT CLINICAL HISTORY [SUMMARY]:
The patient is a male who reported an injury to his low back when he was involved in a work related injury on xx/xx/xx. Clinical note dated 06/24/12 indicated the patient previously undergoing physical therapy and epidural steroid injections. The most recent injection was on the right at L5-S1 which provided complete resolution of right leg pain. The patient stated he awoke approximately 10 days prior to the office visit with significant low back pain and right leg symptoms. The patient stated that he was unable to move. The patient was doing repetitive bending motions. The patient rated the pain as 6/10. Pain was noted at L5-S1 radiating into the right buttock and posterolateral thigh. The patient described the pain as a stabbing sensation. Upon exam tenderness to palpation was noted at L5-S1 and right upper

buttock. Extension reproduced low back symptoms. The patient had positive straight leg raise at 50 degrees on the right. No strength or reflex deficits were noted. The patient was ambulating with a normal gait. The patient was recommended for transforaminal epidural steroid injection at this time. Clinical note dated 09/23/13 indicated the undergoing second L5-S1 epidural steroid injection in 06/12 with complete resolution of pain. A third L5-S1 epidural steroid injection in 03/13 resulted in no significant benefit. The patient continued with constant dull pain described as an aching sensation. The patient utilized tramadol and cyclobenzaprine for pain relief. The patient demonstrated 5/5 strength with symmetrical reflexes. No sensation deficits were noted. MRI on 09/22/13 revealed severe decrease in disc height at L5-S1. Mild decrease in disc height was noted at L4-5. No other significant findings were noted at any other levels. Clinical note dated 10/20/13 indicated the patient continuing with axial lumbar sacral pain radiating across the lumbar sacral region and into the right lateral buttock. Prolonged static positions exacerbated his pain. No radiculopathy was noted by exam. The patient was recommended for an L3-4, L4-5, and L5-S1 discogram at this time. Utilization review dated 10/04/13 resulted in denial as Official Disability Guidelines did not recommend the procedure. Utilization review dated 11/12/13 resulted in denial previous studies suggested that reproduction of specific back complaints on injection was of limited diagnostic value.

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

The patient is noted to have ongoing complaints of low back pain. Previous imaging studies revealed significant findings at L5-S1 with mild findings at L4-5. Currently discograms are considered controversial as a diagnostic test. Additionally the strategy is noted to have never been confirmed to increase test validity or utility, injecting normal disc even with a small gauge needle pierce to increase the rate of degeneration of these discs. Given the limited value associated with discograms this request is not indicated. As such, it is the medical assessment of this reviewer that the request for outpatient discogram and post-discogram CT scan at L3-4, L4-5, and L5-S1 is not recommended as medically necessary.

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

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[X] ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES