

Health Decisions, Inc.

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Notice of Independent Review Decision

[Date notice sent to all parties]: November 19, 2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

L-Disco & PO CT L-scan (L5, S1) w/o contrast

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

This reviewer is a Board Certified Orthopedic Surgeon with over 40 years of experience.

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:

03-05-13: MRI Lumbar Spine
04-24-13: Addendum
06-25-13: Progress Note
09-17-13: New Patient Surgical Consultation
10-01-13: Visit Note
10-01-13: Laboratory Report
10-07-13: UR performed
10-22-13: UR performed

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a male who was injured on xx/xx/xx. Conservative treatment consisted of exercise program, medications, physical therapy, and epidural steroid injections.

03-05-13: MRI Lumbar Spine. Impression: 1. L4-5 disc bulge and facet arthrosis result in encroachment upon the descending right L5 nerve root. 2. Bulging of the

L3-4, L4-5, and L5-S1 discs. 3. Bilateral neural foraminal narrowing at the L4-5 level, greater on the right than left.

06-25-13: Progress Note. Chief Complaint: Follow up on herniated disc. It was reported unable to see ortho surgeon due to the doctor consistently rescheduling appointments. Medications: Flexeril, ibuprofen, Lyrica, Norco. Physical Exam: + TTP over paraspinal muscles of lumbar spine. + straight leg raise at 30 degrees bilaterally. DTR of patella and Achilles are absent bilaterally. Strength testing of quadriceps is 4/5, gastroc is 4/5 bilaterally. Assessment: Herniated nucleus pulposus, lumbar. Plan: Arrange for new orthopedic surgeon consultation.

09-17-13: New Patient Surgical Consultation for back pain and bilateral leg pain, worse on the left than on the right. X-rays of the pelvis reveal hips without degenerative joint disease, sacroiliac joints without sclerosis or focal findings. X-rays of the lumbar spine revealed scoliosis on AP view, concave right apex at L3 with anterior and posterior osteophytic formation, functional spinal unit collapse from L1 to S1 measuring respectively on standing lateral neutral film: L1-L2 5 mm, L2-L3 5 mm, L3-L4 1 mm, L4-L5 bone-on-bone with complete collapse, L5-S1 5 mm. Normal is 10 to 15 mm on standing lateral neutral film. His normal is 11mm. Additionally, there is posterior column defect with facet subluxation and foraminal stenosis at L1-L2, L2-L3, L3-L4, and L4-L5. These intervals meet the clinical instability criteria of ODG for functional spinal unit collapse and mechanical instability. Physical Examination: Positive spring test at the interiliac crest line, positive extensor lag, positive sciatic notch tenderness bilaterally although worse on the left. Positive flip test bilaterally, positive Lasegue's on the left at 60 degrees, contralateral positive straight leg raise on the right at 75 degrees with pain referred to back and left lower extremity, positive Bragard's, hypoactive knee jerks on the left, absent posterior tibial tendon jerks bilaterally, hypoactive ankle jerk on the left, paresthesias in the L3, L4, and L5 nerve root distribution on the left, L3 and L4 nerve root distribution on the right, and weakness of tibialis anterior and extensor hallucis longus and quadriceps on the left and quadriceps on the right. No atrophy. Assessment: Internal disc disruption syndrome with discogenic pain, clinical instability, stenosis, and failure of conservative treatment. Plan: Two basic options: To accept his current disability, get on with his life, and continue conservative treatment or proceed with surgical intervention. Further workup is necessary to include provocation discography and postdiscographic CT scan to delineate the pain generators.

10-01-13: Visit Note pain rated 6/10 that is described as dull, sharp, burning and shooting. There are also complaints of bilateral weakness in the legs and sensations of numbness, tingling and burning. Physical Exam: Decreased range of motion, moderate spasm and pain with palpation throughout the lumbar spine. No pain with hip rotation. Lower extremities: positive straight leg raising bilaterally at 30 degrees, confirmed with dorsiflexion at the 15 degrees. Decreased sensation to light touch and pin prick in L5 and S1. Motor diminished 3/5 plantar and dorsiflexion. Weakness with toe pushups and heel walking. Assessment: Back pain/Lumbago, Lumbar HNP/Disc Displacement without myelopathy, Radiculopathy. Plan: Lumbar discogram.

10-07-13: UR performed. Rationale for Denial: The patient has had prior lumbar imaging and negative EMG/NCV. The lumbar anatomy has previously been well defined. ODG specifically does not recommend discography as a pre-operative evaluation due to a lack of proven medical validity for this procedure. Neither the discogram nor the post-discogram CT are supported by ODG.

10-22-13: UR performed. Rationale for Denial: The patient has a long history of back pain with non focal findings by both symptomatology and signs. The most recent evaluation September 17, 2013 by the requesting Physician notes a multitude of findings at almost every level tested on physical exam and by MRI. There is concluded the patient has multilevel instability. The request submitted is for discography. This is not a diagnostic test that would definitively diagnose this patient or prognosticate the need for future surgery. It would be a test of a diagnostic nature with all risk and no benefit. It is also inconsistent with evidence based guidelines as noted above. The request submitted is not necessary.

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

The previous adverse determinations are upheld. The lumbar discogram with post CT scan is not recommended in this case. The claimant has had adequate x-rays, MRI and physical exam findings to determine a course of treatment. Pre operative discograms are not recommended by ODG because of lack of medical validity. The request for L-Disco & PO CT L-scan (L5, S1) w/o contrast is not medically necessary.

PER ODG:

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

tomography)

([ACR, 2000](#)) ([Airaksinen, 2006](#)) ([Chou, 2007](#)) Magnetic resonance imaging has largely replaced computed tomography scanning in the noninvasive evaluation of patients with painful myelopathy because of superior soft tissue resolution and multiplanar capability. ([Seidenwurm, 2000](#)) The new ACP/APS guideline as compared to the old AHCPR guideline is more forceful about the need to avoid specialized diagnostic imaging such as computed tomography (CT) without a clear rationale for doing so. ([Shekelle, 2008](#)) A new meta-analysis of randomized trials finds no benefit to routine lumbar imaging (radiography, MRI, or CT) for low back pain without indications of serious underlying conditions, and recommends that clinicians should refrain from routine, immediate lumbar imaging in these patients. ([Chou-Lancet, 2009](#)) Primary care physicians are making a significant amount of inappropriate referrals for CT and MRI, according to new research published in the *Journal of the American College of Radiology*. There were high rates of inappropriate examinations for spinal CTs (53%), and for spinal MRIs (35%), including lumbar spine MRI for acute back pain without conservative therapy. ([Lehnert, 2010](#)) For suspected spine trauma (ie, fractures, lumbar or cervical), thin-section CT examination with multiplanar reconstructed images may be recommended. Image software postprocessing capabilities of CT, including multiplanar reconstructions and 3-dimensional display (3D), further enhance the value of CT imaging for reconstructive trauma surgeons. ([Daffner, 2009](#))

Indications for imaging -- Computed tomography:

- 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](#))

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)**