

IMED, INC.

11625 Custer Road • Suite 110-343 • Frisco, Texas 75035
Office 972-381-9282 • Toll Free 1-877-333-7374 • Fax 972-250-4584
e-mail: imeddallas@msn.com

Notice of Independent Review Decision

[Date notice sent to all parties]:

02/01/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: URGENT

Appeal Bilateral Discogram L2-S1 and CT 4 levels-62290 72295 77003

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

PM&R; Board Certified Pain Medicine

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 dated 01/23/12 – 10/24/12

MRI lumbar spine dated 05/03/12

MRI of the hips dated 05/04/12

Procedure notes dated 09/06/12 and 09/27/12

Clinical notes dated 10/12/12 – 10/15/12

Behavioral medicine evaluation dated 11/16/12

Physical therapy reports dated 03/01/12 – 04/13/12

Prior reviews dated 12/03/12 and 12/27/12

Cover sheet and working documents

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who sustained an injury on xx/xx/xx when he tripped over a chain. The patient sustained scratches and abrasions and began to develop low back pain radiating into the right lower extremity. Prior treatment did include physical therapy in 03/12 and 04/12. MRI studies of the lumbar spine completed on 05/03/12 revealed unremarkable findings from T12-L4. Broad-based disc bulging at L4-5 and L5-S1 was noted with no evidence of foraminal or canal stenosis at L4-5 and mild lateral recess narrowing at L5-S1. The patient did undergo medial branch blocks to the right from L3-5 on 09/06/12 followed by radiofrequency ablation at the same levels on 09/27/12. The patient reported good response to the procedures. The patient was seen on 10/12/12 for ongoing complaints of low back pain. Physical examination revealed pain and tenderness over the right region of the lumbar spine, approximately at L4-5 and L5-S1. The patient reported pain with range of motion. The patient was recommended for discography to evaluate for discogenic pain. Follow-up on 10/15/12 identified complaints of pain in the left shoulder. Pain management evaluation on 10/24/12 indicated that the patient had 95% response from radiofrequency procedures. Physical examination at this visit was limited but tenderness to palpation on the gluteus medius muscles was reported. The patient underwent a psychological evaluation for pre-surgical screening on 11/16/12. There were no concerns for psychological factors that would impact the results of a discogram procedure.

The request for discography from L2-S1 was denied by utilization review on 12/03/12 as there was no evidence of new or progressive focal findings or deficits that would support the study.

The request was again denied by utilization review on 12/27/12 as there were no indications for discography or evidence of how discography would be helpful to the patient's overall treatment plan. It was also opined that discography was unproven and not supported by guidelines.

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

The request for a bilateral L2-S1 discogram followed by CT is not supported as medically necessary based on the clinical documentation provided for review and

current evidence based guidelines. Discography in the lumbar spine is not recommended by current evidence based guidelines as there are several high-quality clinical studies which significantly question the efficacy of the procedure's ability to identify pain generators that may respond appropriately to surgery. From the clinical literature, it has been established that postoperative outcomes on the basis of discography results have generally been very poor. From the clinical documentation provided for review, there is no indication for discography at the requested levels. The L2-3 and L3-4 levels are both unremarkable and guidelines indicate that if discography is to be used, it should be limited to 1 level plus a control level. The clinical documentation also establishes pain generators for the patient that appear to be facetogenic in nature. The patient had a significant response to medial branch blocks as well as facet rhizotomy. As the clinical documentation appears to identify facetogenic pain as the patient's primary pain generator, discography at this time would not reasonably provide additional information that would help plan the patient's course of treatment. As the clinical documentation provided for review does not support exceeding guideline recommendations for the request, medical necessity is not established.

IRO REVIEWER REPORT TEMPLATE -WC

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

Official Disability Guidelines, Online Version, Low Back Chapter

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