

CASEREVIEW

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Notice of Independent Review Decision

[Date notice sent to all parties]: July 1, 2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Lumbar Discogram/Fluoroscopic Guidance w/CT L4-5/L5-S1

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

This physician is a Board Certified Orthopedic Surgeon with over 13 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:

06/14/12: Progress Note
06/22/12: MRI Lumbar Spine without Gadolinium Contrast
06/27/12: Progress Note
07/10/12: Consultation
09/05/12: Physical Therapy Note
09/27/12: Follow-up Evaluation
11/02/12: Supplemental dictation
11/12/12: Functional Capacity Evaluation
11/29/12: Follow-up Evaluation
12/21/12: Workers' Compensation Nurse's Chronological List of Submitted Records
12/21/12: Peer Review
01/07/13: Follow-up Evaluation
01/22/13: Operative Report

03/07/13: Follow-up Evaluation
04/16/13: Operative Report
05/09/13: Follow-up Evaluation
05/15/13: UR performed
06/10/13: UR performed

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a male who was injured on xx/xx/xx. He was crawling on his hands and knees and felt an onset of pain in the lumbar spine. Treatment has included medication (Lortab, Hydrocodone, and Medrol Dosepak), physical therapy (6-9 sessions), lumbar ESI, and left sacroiliac joint injection.

On June 22, 2012, MRI Lumbar Spine, Impression: 1. L5-S1 intervertebral disk posterior broad-based subligamentous protruded herniation producing mild impingement of the neural exit canals bilaterally. The L1-L2, L2-L3, L3-L4, and L4-L5 levels have a normal appearance.

On July 10, 2013, the claimant was evaluated for low back pain with radiation to the left buttock and posterior thigh. He denied true radicular pain down the leg below the knee. His low back pain was a 6/10. As of the consultation, he had done no formal conservative care. On physical examination He ambulated with a normal gait and had normal lumbar lordosis on standing evaluation. He had some tenderness to palpation below the level of the iliac crest. In the paraspinal musculature, extension seemed to exacerbate his pain, but forward flexion did as well. Seated manual motor testing revealed some bilateral psoas weakness 4-4+/5. Hamstrings and quadriceps were both 5-/5 likely secondary to pain inhibition. Tibialis anterior, EHL, and gastrocsoleus complexes were 5/5 bilaterally. He had 2+ reflexes at the knees and ankles. No gross sensory disturbances from L2 through S1 dermatomes bilaterally. Supine straight leg raise was negative for any radicular symptomatology. He had no pain with hip motion, although FABERE 4 testing did elicit some pain in the lumbosacral region centrally consistent with his chief complaints of pain. X-rays were obtained and showed there was an upper body list toward the left. Hips and Si joints were visualized with some mild sclerosis of the SI joints. No substantial bone-on-bone changes in the hips. Lateral flexion/extension films suggested some slight narrowing at the L5-S1 level. There was no spondylolysis, spondylolisthesis, or dynamic instability. Assessment: 1. Lumbosacral pain in a patient without true radicular complaints and with some symmetric motor weakness, psoas, quadriceps and hamstrings, likely due to pain inhibition. 2. Plain radiographs of the lumbar spine showing some disk space narrowing at L5-S1. 3. Lumbar spine MRI showing some mild to moderate desiccation at L5-S1 with posterior annular tear, no significant central or foraminal stenosis. Plan: Physical therapy and epidural steroid injection.

On November 29, 2012, the claimant had a follow-up evaluation for continued lumbosacral pain with a component that radiates into the left lumbosacral region. Epidural injection had been denied. Physical exam findings were suggestive of a significant flare up of the left sacroiliac joint. Medrol Dosepak was prescribed and

his prescription for Hydrocodone was refilled. If sacroiliac joint symptoms did not improve, a left sacroiliac joint injection would be considered.

On January 22, 2013, Operative Report, Postoperative Diagnosis: 1. L5-S1 lumbar spondylosis. 2. Lumbar radicular syndrome. Procedure: 1. Caudal epidural steroid injection. 2. Administration of intravenous conscious sedation consisting of 3 mg of Versed (less than 30 minutes, adult).

On March 7, 2013, the claimant had a follow-up evaluation who noted some relief for the first few hours after the injection but then his pain returned within 8 hours after the injection to his preinjection levels. He indicated the pain was more localized in the left lumbosacral region and buttock now. On exam, lower extremities strength was symmetrically present in all lower extremity muscle groups and FABER test was positive to the right and positive to the left, other SI Joint: (L>R). Plan: Exam findings suggested that his sacroiliac joints are significantly painful, particularly the left side, therefore a left sacroiliac joint injection was recommended.

On April 16, 2013, Operative Report, Postoperative Diagnosis: 1. L5-S1 spondylosis. 2. Left sacroiliac joint dysfunction. Procedure: 1. Left sacroiliac joint injection with corticosteroid. 2. Administration of intravenous conscious sedation consisting of 3 mg of Versed (less than 30 minutes, adult).

On May 9, 2013, the claimant had a follow-up evaluation who reported the sacroiliac joint injection helped and felt about 33% improved. He still continued to have pain rated 4/10 for the low back and 2/10 for the leg. On exam lower extremity strength was symmetrically present in all lower extremity muscle groups. Plan: Although some improvement with the sacroiliac joint injection, it was not enough for to feel a subsequent rhizotomy would be warranted. She felt the L5-S1 disc itself was still likely contributing to his overall pain. She recommended a lumbar spine discogram at the L5-S1 level using the L4-L5 level as a control disc. It would be objective weight to confirm or otherwise disprove that the L5-S1 level is the predominant pain generator.

On May 15, 2013, performed a UR. Rationale for Denial: The clinical information submitted for review fails to meet the evidence based guidelines for the requested service. The mechanism of injury was lumbar strain. The patient's medication regimen included Gabapentin and Norco. Surgical history was not specifically stated. Diagnostic studies included MRI of Lumbar Spine dated 06/22/12 signed which revealed (1) and L-S1 intervertebral disc posterior broad-based subligamentous protruded herniation producing mild impingement of the neural exit canals bilaterally. Other therapies include injection therapy and physical therapy. The request for Lumbar Discogram/Fluoroscopic Guidance w/CT L4-5/L5-S1 is non-certified. The clinical documentation submitted for review evidences the patient continues to present with lumbar spine pain complaints status post a work related injury in xx/xx/xx. The provider reported on clinical note dated 05/09/13 that the patient was status post a left sacroiliac joint injection, performed on 04/16/13. The patient reported the injection was effective and the

patient felt resolution of his symptomatology by 33 percent. The patient felt that the SI injection had given him more noticeable improvement than the epidural injection previously administered. The patient reports his low back pain was at a 4/10 and leg pain was a 2/10. Upon physical exam of the patient, the provider documented lower extremity strength was symmetrical and present in all lower extremity muscle groups. The patient presents with debilitating lumbosacral pain without radicular symptoms and without current motor deficits. The provider is recommending a lumbar spine discogram at the L5-S1 using the L4-5 level as a control disc. The patient has degenerative signal changes at L5-S1 along with annular tears. The provider felt discography would be an objective way to confirm or otherwise disprove that the L5-S1 level is the patient's predominant pain generator. However, the patient's imaging of the lumbar spine revealed no evidence of pathology at any other levels to the lumbar spine to necessitate rule out of the L5-S1 level specifically being the patient's pain generator. Additionally, the patient presents with no motor, neurological, or sensory deficits that would indicate the patient would even be a surgical candidate at this point in his treatment. Guidelines do not support this intervention; however, if it is indicated, a psychological evaluation of the patient should be performed prior to the requested intervention. Given all of the above, the request for Lumbar Discogram/Fluoroscopic Guidance w/CT L4-5/L5-S1 is non-certified.

On June 10, 2013, performed a UR. Rationale for Denial: Initial determination was the patient presented with no motor, neurological, or sensory deficits to indicate he would be a surgical candidate. It was further indicated that a psychological evaluation should be performed prior to the requested intervention and that it had not been documented. Imaging studies revealed no evidence of pathology at any other levels to the lumbar spine to indicate a rule out of the L5-S1 specifically being the patient's pain generator. The additional records provided for this review fail to include a psychosocial evaluation as recommended by guidelines. The additional records indicate that when the patient was seen on 05/07/13, there was no indication of significant motor deficits, reflex changes, or sensory changes to elicit a need for this procedure. He had a left SI joint injection with corticosteroid in 04/16/13 and state that helped with about 33 percent improvement. As such, the records do not indicate medical necessity for the requested procedure and the initial determination is upheld.

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

The previous adverse determinations are upheld. Lumbar discography is not indicated for the claimant at the present time. The Official Disability Guidelines (ODG) does not support lumbar discography in most cases. The diagnostic accuracy of this test is uncertain. The test's ability to improve patient outcomes is also uncertain. Discography is a tool to determine fusion levels in surgery. The claimant is not a surgical candidate, as he has no objective evidence of neurological deficit. If the claimant were a surgical candidate, L5-S1 is the only pathologic level identified on MRI. Further provocative testing is unnecessary in this case. The ODG recommends psychological screening prior to discography. This test can cause significant back pain in patients with emotional or chronic pain

issues. There is no indication in the medical records provided that the claimant has undergone such psychological screening. Therefore, the request for Lumbar Discogram/Fluoroscopic Guidance w/CT L4-5/L5-S1 is not medically necessary at this time.

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

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)**