

# Health Decisions, Inc.

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## Notice of Independent Review Decision

November 4, 2014

### **IRO CASE #:**

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

Lumbar Discogram L4-L5 and L5-S1 with control of L3-L4

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

An American Board Certified Neurological Surgeon with over 16 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.

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

The claimant is a female that was injured at work on xx/xx/xx and experienced severe low back pain. She has tried PT, nerve blocks, steroid injections and pain medication with no relief.

07-25-13: Peer Review. On 03-25-10, MRI of the lumbar spine revealed: 1. Mild central canal stenosis at L4/5 d/t marked facet hypertrophy with ligamentum flavum thickening and mild disc bulging. This results in mild to moderate right neural foraminal narrowing. 2. Moderate diffuse disc bulging at L5/S1 displacing or compressing the left S1 nerve root. 05-25-10 the claimant had an office visit in which she complained of severe lower lumbar midline pain. She had undergone 6 wks. of PT and was taking Darvocet for pain. On examination, Achilles reflexes were graded 1+ and gait was somewhat slow, otherwise everything WNL. The doctor recommended further conservative therapy consisting of pain management and possible lumbar injections. In summer 2010 the claimant underwent 3 ESIs, which resulted in only a short duration of relief. 11-05-10 the claimant had

reached MMI and an FCE revealed functioning in the Medium PDL. 04-19-11 at office visit the claimant had mild tenderness to palpation over the lumbosacral region and lumbar ROM revealed a mild degree of limitation. Diagnosis: pain in the lumbosacral area with occasional radiation to the LLE. Recommendations: Lumbar myelogram and referral to neurosurgeon. 09-20-11 the claimant c/o low back pain with radiation into the left knee and medial leg. Upon examination, lumbar paraspinal tenderness with increased pain with flexion was revealed. Diagnosis: Chronic pain syndrome, lumbosacral neuritis and displacement of lumbar intervertebral disc. Recommendations: Norco, ibuprofen, Valium, Flexeril, TENS unit and lumbar spinal cord stimulator trial. 11-02-11 the TENS unit declined, so added Boniva, Robaxin and Celebrex. 12-05-11 the claimant states a decrease in back pain. 07-25-12 the claimant c/o worsening back pain. Exam revealed tenderness to palpation of the lumbar paraspinals and pain with increased flexion. Recommendations: Continue pain medication. 08-07-14 RME performed. Exam revealed an inability to toe or heel walk and tenderness of the low back. With direct palpation pain was located at the posterior superior iliac spine. Any flexion or twisting of the back produced pain and there was decreased sensation on the dorsum of the left foot.

11-13-13: MRI Spine Lumbar without Contrast. Impression: Multilevel degenerative changes of the lumbar spine, most prominent at the L4-L5 level. However, the disk disease at L4-S1 has progressed and in particular, there is a large anterior disk extrusion and edema along the endplate which could be symptomatic. However, this finding is ultimately nonspecific and could be a recent or remote finding.

01-14-14: Office Visit Report. The claimant c/o continuous pins and needle pain in the lower back. She has throbbing weakness, can't stoop/bend, and can't lift much weight. On exam, lumbar motions are severely limited and SLR is highly positive, reproducing only back pain bilaterally. MRI scan confirms progression of the L5-S1 process indicating segmental instability, L4-5, shows lesser but significant changes. Assessment: 1. Disorder of sacrum. 2. Displacement of lumbar intervertebral disc. Recommend a provocative discography, L4-5, L5-S1 with control of L3-4.

09-18-14: Progress Note. The claimant states she has shooting pain in her lower back that radiates up her spine. On exam, the claimant has gait difficulties. Recommendations: The claimant continues to worsen clinically with further limitation of activity based upon pain should have discography.

09-24-14: URA. The clinical documentation provided for review would not support the request for lumbar discography. Per current evidence based guidelines, discography is not a recommended procedure as the relevant segment of the medical literature does not support the procedure and its ability to confirm pain generators that would benefit from surgical intervention. There are high quality clinical studies which question the use of discography as a method to identify symptomatic spinal segments for fusion procedures. These studies have demonstrated that the reproduction of a specific back or neck complaint on

pressurized injection of the disc is of limited diagnostic value. Also, discography findings were found to not correlate well with findings on MRI. The clinical documentation provided for review does not support exceeding guideline recommendations which do not recommend discography. There is no indication from the records that the claimant has exhausted all reasonable methods to determine pain generators. There is also no pre-discogram psychological evaluation available for review that rules out any possible confounding issues that would potentially impact the study outcome. This reviewer would not recommend certification for the request at this time. Therefore, the request for Lumbar Discogram L4-5 and L5-S1 with Control of L3-4 is not medically necessary.

10-01-14: URA. Per guidelines, discography is not a recommended procedure based on the findings from the relevant segment of the medical literature. The literature does not support the procedure or its ability to confirm pain generators that would benefit from surgical intervention. In review of the literature, there are high quality clinical studies which question the use of discography as a method to identify symptomatic spinal segments for fusion procedures. These studies have demonstrated that the reproduction of a specific back or neck complaint on pressurized injection of the disc is of limited diagnostic value. Also, discography findings were found to not correlate well with findings on MRI. In review of the clinical documentation, there are not findings which would support exceeding guideline recommendations that do not recommend discography. It does not appear that the claimant has exhausted all other methods in determining a pain generator. No pre-discogram psychological evaluation was made available for review ruling out any possible confounding issues that would potentially impact the outcome from the study. Given the lack of any indication for the use of discography in this case, the request is not medically necessary.

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

The previous decisions are upheld. The patient has lumbago with degenerative disc changes at multiple levels on her 2013 Lumbar MRI. The patient has no radicular complaints and no mention of disc herniations or stenosis affecting her lumbar nerve roots. Her history and symptoms are most consistent with chronic lumbar sprain. There is no role for provocative discography in this patient as she has no indications for a lumbar fusion. Her pain is non-specific and her MRI does not show any spondylolisthesis or limited disc degeneration that would indicate a fusion would be helpful. This patient's MRI shows changes consistent with degenerative changes but not instability. The patient's smoking history, weight and present response to non-impact exercise and ESIs/facet blocks should be pursued. Therefore, the request for Lumbar Discogram L4-L5 and L5-S1 with control of L3-L4 is non-certified.

Per ODG:

**ODG Indications for Surgery™ -- Discectomy/laminectomy --**

Required symptoms/findings; imaging studies; & conservative treatments below:

I. Symptoms/Findings which confirm presence of radiculopathy. Objective findings on examination need to be present. Straight leg raising test, crossed straight leg raising and reflex exams should correlate with symptoms and imaging.

Findings require ONE of the following:

- A. L3 nerve root compression, requiring ONE of the following:
  - 1. Severe unilateral quadriceps weakness/mild atrophy
  - 2. Mild-to-moderate unilateral quadriceps weakness
  - 3. Unilateral hip/thigh/knee pain
- B. L4 nerve root compression, requiring ONE of the following:
  - 1. Severe unilateral quadriceps/anterior tibialis weakness/mild atrophy
  - 2. Mild-to-moderate unilateral quadriceps/anterior tibialis weakness
  - 3. Unilateral hip/thigh/knee/medial pain
- C. L5 nerve root compression, requiring ONE of the following:
  - 1. Severe unilateral foot/toe/dorsiflexor weakness/mild atrophy
  - 2. Mild-to-moderate foot/toe/dorsiflexor weakness
  - 3. Unilateral hip/lateral thigh/knee pain
- D. S1 nerve root compression, requiring ONE of the following:
  - 1. Severe unilateral foot/toe/plantar flexor/hamstring weakness/atrophy
  - 2. Moderate unilateral foot/toe/plantar flexor/hamstring weakness
  - 3. Unilateral buttock/posterior thigh/calf pain

([EMGs](#) are optional to obtain unequivocal evidence of radiculopathy but not necessary if radiculopathy is already clinically obvious.)

II. Imaging Studies, requiring ONE of the following, for concordance between radicular findings on radiologic evaluation and physical exam findings:

- A. Nerve root compression (L3, L4, L5, or S1)
- B. Lateral disc rupture
- C. Lateral recess stenosis

Diagnostic imaging modalities, requiring ONE of the following:

- 1. [MR](#) imaging
- 2. [CT](#) scanning
- 3. [Myelography](#)
- 4. [CT myelography](#) & X-Ray

III. Conservative Treatments, requiring ALL of the following:

- A. [Activity modification](#) (not bed rest) after [patient education](#) ( $\geq 2$  months)
- B. Drug therapy, requiring at least ONE of the following:
  - 1. [NSAID](#) drug therapy
  - 2. Other analgesic therapy
  - 3. [Muscle relaxants](#)
  - 4. [Epidural Steroid Injection](#) (ESI)
- C. Support provider referral, requiring at least ONE of the following (in order of priority):
  - 1. [Physical therapy](#) (teach home exercise/stretching)
  - 2. [Manual therapy](#) (chiropractor or massage therapist)
  - 3. [Psychological screening](#) that could affect surgical outcome
  - 4. [Back school](#) ([Fisher, 2004](#))

For average hospital LOS after criteria are met, see [Hospital length of stay](#) (LOS).

**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)**