

P-IRO Inc.

An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

Nov/4/2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Discogram with post-discogram CT

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

Board Certified Anesthesiologist

REVIEW OUTCOME:

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

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 each health care service in dispute.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who sustained an injury on xx/xx/xx. The patient reported development of low back pain radiating to the right side of the low back buttocks and right thigh. The patient attended physical therapy and obtained one epidural steroid injection without benefit. Multiple medications included several narcotics and anti-inflammatories and muscle relaxers. MRI of the lumbar spine from 03/27/14 noted severe degenerative changes at L5-S1 with vertebral body endplate changes and severe disc desiccation with severe right and moderate left neural foraminal stenosis and impingement. The patient was seen on 07/23/14 with complaints of low back pain radiating to the lower extremities below the knee. The patient reported no benefit from conservative treatment to date. Physical examination noted positive straight leg raise to the left with no motor weakness or sensory deficit. There was severe paravertebral tenderness. recommended diagnostic discography from L3 through S1. The patient continued reporting severe low back pain and the patient was recommended for lumbar fusion whose reports were not made available for review. As of 09/24/14 the patient continued to report low back pain radiating to the lower extremities that was not well improved with strong narcotics. Physical examination noted no motor weakness or sensory deficits with negative straight leg raise testing bilaterally. The requested discography with post-discogram CT was denied on 08/01/14 as there was limited support in current evidence based guidelines for discography and there was evidence of negative predictors with documented worsening of pain after epidural steroid injections. No psychological evaluation had been obtained prior to the requested study. The request was again denied on 09/03/14 as discography was not well supported in the clinical literature and there was no pre-operative pre-study psychological evaluation available for review.

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

The patient has been followed for ongoing severe low back pain that has not improved with non-operative treatment to date. It appears that the patient has been considered for a possible lumbar fusion. The MRI study provided for review noted very severe degenerative disc disease at L5-S1 making this level the likely pain generator for the claimant. 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 patient 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. As such, it is this reviewer's opinion that medical necessity is not established for the discogram or subsequent CT scan of the lumbar spine and the prior denials are upheld.

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