

# C-IRO Inc.

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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE NOTICE SENT TO ALL PARTIES:** Jul/29/2014

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:** lumbar discogram with CT scan and intravenous (IV) protocol at L2-S1

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:** M.D., Board Certified Neurological Surgery

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

- Upheld (Agee)
- 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.** It is the opinion of this reviewer that medical necessity for lumbar discogram with CT scan and intravenous (IV) protocol at L2-S1 in this case has not been established

**PATIENT CLINICAL HISTORY [SUMMARY]:** The patient is a male who sustained an injury on xx/xx/xx. The patient developed complaints of low back pain radiating to the right lower extremity that had not improved with physical therapy chiropractic treatments medications or epidural steroid injections in 10/13. Prior utilization reviews noted the patient had electrodiagnostic studies in 03/11 which reportedly showed a right L5-S1 radiculopathy. This report was not available for review. MRI of the lumbar spine from 02/25/14 noted early degenerative disc disease at L3-4 and L4-5 with disc bulging contributing to some spinal canal stenosis at L4-5. No acute disc herniations were noted. Other than the early disc desiccation and disc bulging at L3-4 and L4-5 the MRI findings were unremarkable. The patient was seen on 03/19/14 with complaints of continuing low back pain that became progressively worse. The patient reported difficulty standing or walking and other physical activities. Physical examination noted no focal motor weakness in the upper extremities or lower extremities. The patient ambulated with a normal gait pattern. There was tenderness to palpation to the lumbar paraspinal musculature. Reflexes were 2+ and symmetric. No long track signs were identified. Radiographs were unremarkable for the lumbar spine. Recommendation was for CT discography from L2 to S1. The patient had behavioral medicine evaluation on 04/11/14 which found no contraindication for lumbar discography. There was a letter of medical necessity on 05/13/14 indicating that the patient was being considered for cervical fusion. The patient was argued to require discography at this in this report.

The requested lumbar discogram from L2 to S1 with IV protocol and CT was denied by utilization review on 04/17/14 as discography was not well supported in the clinical literature and there were a number and there was an excessive number of levels to be tested. There was no documentation of psychological evaluation. The request was again denied by utilization review on 04/25/14 as guidelines did not support the procedure and there was no

documented definitive decision for lumbar fusion.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION:** The clinical documentation submitted for review reported the patient had ongoing complaints of severe low back pain that was impacting his ability to perform normal activities of daily living. The patient had not improved with extensive conservative treatment including physical therapy chiropractic manipulation medications or injections. The patient was recommended for lumbar discography to identify pain generators and the request was from surgical and the request for discography was from L2 to S1. Given the relatively normal findings on the provided MRI from L2 to L4 and at L5-S1 it appears that the request is excessive in regards to the number of levels recommended for discography. Per guidelines if discography is going to be performed it should be limited to at most two disc levels. There was no pertinent rationale provided from the requesting physician why the patient would reasonably need discography at multiple levels as requested. There was also a lack of documentation regarding the requested IV protocol in conjunction with lumbar discogram and CT. Guidelines do not recommend any type of sedation to be completed during discography due to the impact this would have on the potential responses for concordant pain. Given the excessive nature of the request and lack of rationale for IV protocol during discography it is the opinion of this reviewer that medical necessity for lumbar discogram with CT scan and intravenous (IV) protocol at L2-S1 in this case has not been established on an outlier basis given the lack of recommendation for discography in the clinical current evidence based guidelines. Therefore the prior denials remain upheld.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

ACOEM-AMERICA 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)