

MEDRx

3250 W. Pleasant Run, Suite 125 Lancaster, TX 75146-1069
Ph. 972-825-7231 Fax 972-274-9022

Notice of Independent Review Decision

DATE OF REVIEW: 12/26/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item in dispute is the prospective medical necessity of x-ray of lower spine disk.

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

The reviewer is a Medical Doctor who is board certified in orthopedic surgery.

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)

The reviewer agrees with the previous adverse determination regarding the medical necessity of x-ray of lower spine disk.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the following parties:

These records consist of the following (duplicate records are only listed from one source):
Records reviewed from

Notice of Assignment- 12/10/2013
New Patient Surgical Consultation- 1/29/2013
MRI Scan Review- 1/30/2013

MRI Report- 2/21/2011
Diagnostic Report- 3/1/2011
Follow Up Note- 8/27/2012, 9/25/2012, 10/22/2012, and 11/26/2012
Health - Soap Notes- 3/10/2011, 3/21/2011, 2/15/2013
Healthcare - Therapy Report- 10/25/2011

Review Letter- 11/25/2013
Determination Letter- 12/3/2013
Pre Authorization for CT Scan- 11/22/2013
Appeal of CT Scan- 12/3/2013
Follow up Note - 3/18/2013, 6/17/2013, 8/19/2013
Peer Review- 10/22/2013

A copy of the ODG was not provided by the Carrier or URA for this review.

PATIENT CLINICAL HISTORY [SUMMARY]:

has had persistent back and bilateral leg pain. This is despite medications, restricted activities and a prior laminotomy including cages at L4-5 and L5-S1. As of 1-30-13, the provider documented postoperative changes at the above levels along with adjacent segment disease at L3-L 4. He notes functional spinal unit collapse and grade 2 disc herniation with annular herniation and protrusion of the nucleus along with desiccation and spinal stenosis. As of 3-18-13, the patient was found to have a "...failed back syndrome. "Provider records as of 8-19-13 revealed that there was persistent pain along with tenderness on examination with spasm. This was despite multiple medications, restricted activities and the utilization of a tens unit. Denial letters have documented the lack of psychological screening to determine if the patient would be a potential candidate for discogram, along with recent literature studies that have not supported the reliability of discograms overall.

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

Despite the patient's ongoing subjective and objective findings, applicable clinical guidelines do not support either a discogram and/or post discography imaging. A psychosocial screen prior to a discogram consideration has not been evidenced. Recent clinical literature studies do not evidence the reliability of discogram outcomes. Therefore the request cannot be considered medically reasonable or necessary as per the following references.

Reference: ODG Low Back Chapter

Discography: Not Recommended in ODG.

Patient selection criteria for Discography if provider & payor agree to perform anyway:
Back pain of at least 3 months duration

Failure of recommended conservative treatment including active physical therapy

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.

Briefed on potential risks and benefits from discography and surgery

Single level testing (with control) (Colorado, 2001)

Due to high rates of positive discogram after surgery for lumbar disc herniation, this should be potential reason for non-certification.

Indications for imaging -- Computed tomography:

- Thoracic spine trauma: equivocal or positive plain films, no neurological deficit
- Thoracic spine trauma: with neurological deficit
- Lumbar spine trauma: trauma, neurological deficit
- Lumbar spine trauma: seat belt (chance) fracture
- Myelopathy (neurological deficit related to the spinal cord), traumatic
- Myelopathy, infectious disease patient
- Evaluate pars defect not identified on plain x-rays
- Evaluate successful fusion if plain x-rays do not confirm fusion (Laasonen, 1989)

Indications for imaging -- Plain X-rays:

- Thoracic spine trauma: severe trauma, pain, no neurological deficit
- Thoracic spine trauma: with neurological deficit
- Lumbar spine trauma (a serious bodily injury): pain, tenderness
- Lumbar spine trauma: trauma, neurological deficit
- Lumbar spine trauma: seat belt (chance) fracture
- Uncomplicated low back pain, trauma, steroids, osteoporosis, over 70
- Uncomplicated low back pain, suspicion of cancer, infection
- Myelopathy (neurological deficit related to the spinal cord), traumatic
- Myelopathy, painful
- Myelopathy, sudden onset
- Myelopathy, infectious disease patient
- Myelopathy, oncology patient
 - Post-surgery: evaluate status of fusion

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)