

AccuReview

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Notice of Independent Review Decision

[Date notice sent to all parties]: February 18, 2015

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

L4-S1 Discogram

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

This physician is Board Certified in Neurological Surgery with over 24 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 male who was injured on the job on xx/xx/xx when he came off a ladder on his back and fell about 5 feet where a manhole cover was (3in below the asphalt) causing his L leg to twist and him to fall backwards on the ground. He tried to catch himself w/ his R hand and jarred his back.

05-12-14: MRI of the Right Wrist without Contrast. Impression: 1. Comminuted non-displaced radial styloid fracture without intraarticular gap. 2. Soft tissue swelling about the wrist.

06-16-14: Office Visit. CC: continuous aching thoracic pain and burning lower back pain and numbness in his legs, 5/10 after getting hurt at work. Current medications: Norco 7.5/325, Tramadol, MVI, ProAir HFA, Norflex 30mg/ml. ROS: Neurology: tingling/numbness. PE: Extremities: R leg numbness back decreased ROM of spine, normal, tender to palpation. Radiographs: CT of T

spine: upper thoracic fractures (5 percent height loss). Assessments: 1. Closed fracture of unspecified part of vertebral column without mention of spinal cord injury – 805.8 (Primary), 2. Backache, unspecified – 724.5. Treatment: Recommend MRI of T and L spine w/o contrast, start Ibuprofen 800mg TID, Norco 10/325 1-2 tablets Q6hr PRN, Ketorolac Tromethamine 10mg TID PRN, F/U 3 weeks.

06-17-14: MRI Spine Thoracic w/o Contrast. Impression: 1. Subacute appearing mild wedge compression fracture involving T3 with approximately 25% loss of anterior vertebral body height. 2. No evidence of buckling of the posterior cortex, retropulsed fragments, or thoracic canal compromise. 3. No other significant findings.

06-17-14: MRI Spine Lumbar w/o Contrast. Impression: 1. Low-lying conus as above. 2. No evidence of vertebral body fracture or marrow edema. 3. Small L4-L5 disk protrusion with annular tear. 4. No evidence of central canal compromise. 5. Degenerative facet arthropathy at L5-S1 contributing to narrowing of the bilateral foramina as noted in the body of the report.

07-07-14: Workers' Compensation Verification authorized by Kristin Harmon. Approved to treat: Exam and Report Only.

07-14-14: Encounter. CC: back pain and lower extremity numbness, 4/10 on average and 5/10 with a minimum of 3/10 and maximum of 8/10. The pain is located in the low back and on the right side more than the left. The pain radiates to right buttock, right thigh, right calf and right great toe. The claimant described it as sharp, aching, burning and shooting, constant. Symptoms are exacerbated by lifting, sitting and standing. Symptoms are relieved by stretching and opioid analgesics. PE: Musculoskeletal: Lumbosacral Spine: Inspection and Palpation: Tenderness – 3+ and medial low back. Assessment of pain revealed the following findings: Scale – 8/10, location-pain refers to posterior leg on affected side. Functional Testing-SLR 1 positive. Assessment & Plan: Chronic pain syndrome 338.4, Lumbar radiculopathy 724.4, Myalgia 729.1. Claimant revealed right L5 radiculopathy, SLR positive on the right. Claimant will have right L5 TFESI and then continue PT.

09-02-14: Encounter. CC: low back pain right more than left and lower extremity numbness, pain 3/10, average pain 5/10, maximum pain 8/10, minimum pain 3/10. Claimant stated the pain radiated to right buttock, right thigh, right calf and right great toe, described as sharp, aching and shooting. The pain is constant and exacerbated by lifting, sitting and standing. Symptoms relieved by stretching and opioid analgesics. Claimant stated that his radicular pain to the lower extremity is resolved after the LESI. He continued to have some aching axial back pain that worsens with axial loading. He continues PT and is improving with injections. He reported pain levels in the legs has reduced from 7/10 to 0/10 and back pain currently 5/10 and is no longer sharp or shooting. PE: Musculoskeletal Inspection and Palpation: Tenderness – 3+, medial low back and over spinal column. Assessment of pain reveals the following findings; Location-pain refers

medially to lower back. Causative Factors Include-sitting with extension. Assessment & Plan: Facet arthritis of lumbar region 721.3, Today's impression: bilateral L3/4 L4/5 and L5/S1 levels, current plans: injection, facet joint, spine, lumbosacral, two levels 64493; routine; facet joint injection, lumbar, with image guidance, second level 64494; routine. Chronic pain syndrome 338.4, Lumbar radiculopathy 724.4 (improved after ESIs), Hypogonadism, male 257.2 (Testosterone total 84403; routine).

09-09-14: Progress Evaluation. Subjective: Claimant has attended 9 PT sessions consisting of therapeutic exercises, moist heat (PRN) and instructions on a HEP. Claimant reported no significant progress since starting PT. Functional deficits: claimant is unable to drive his truck long distances without pain. Back Index: 52, impaired. Bilateral Lower Extremity Pain rating: verbal pain rating at best: 3-4/10, verbal rating at worst: 7-8/10. Objective: Trunk AROM: extension 25% limited with low back pain; right side bending WFL's with low back pain; right rotation 25% limited with slight low back pain. Palpation: pain with palpation of the bilateral mid/lower lumbar spine paraspinals. Assessment: claimant still presents with low back pain, decreased trunk AROM and a Beck Index score of 52. Plan: Claimant has a follow up appointment and tomorrow. Will let determine whether or not he wants claimant to continue with PT.

09-10-14: Progress Note. Reason for Appointment: 8wk FU, ESI and PT Review. Claimant complained of continuous aching thoracic pain and burning lower back pain. He has had 1 nerve block and they are trying to get the injections covered. He has 4 sessions of PT left and stated that it is not helping at all. The pain in his legs has gone away since the nerve block but the lower back pain is still there. Current medications: Norco 7.5/325, Toradol, MVI, ProAir HFA, Norflex 30mg/ml, Ibuprofen 800mg, Norco 10/325, Ketorlac Tromethamine. PE: Back Decreased ROM of spine, normal, tender to palpation, normal alignment. Assessments: 1. Facet arthropathy 724.8, 2. Lumbar radiculopathy, thoracic or lumbosacral neuritis or radiculitis, unspecified, radicular syndrome of lower limbs 724.4, 3. Root compression 724.9, 4. Spondylosis w/ myelopathy 721.42, 5. Spinal stenosis, lumbar region, without neurogenic claudication 724.02, 6. Closed fracture of unspecified part of vertebral column without mention of spinal cord injury 805.8. Treatment: Recommend L4-S1 discogram, recommend flex/ex x-rays of L spine, Urology consult, FU in 6 weeks.

10-17-14: Encounter. CC: low back pain and lower extremity numbness. The pain is located in the low back and on the right side more than the left, radiating to right buttock and right thigh and right calf and right great toe. The claimant described the pain as sharp, aching and shooting; constant. Symptoms are exacerbated by lifting, sitting and standing. Symptoms are relieved by stretching and opioid analgesics. The claimant reported having severe aching pain along the lower lumbar spine, denied radicular pain to the legs, and pain worsens with axial loading of the spine. He has tried PT, chiropractic care and medical management. He is a normally a high functioning individual but has become significantly limited with activity secondary to the worsening pain. He is not having weakness in the legs or numbness, current pain 8/10. He is awaiting

approval through workers compensation for injections. PE: Musculoskeletal: Inspection and Palpation: Tenderness: 4+, medial low back and over spinal column. Assessment of pain revealed the following findings: The pain is characterized as severe, constant ache and pain on movement, 8/10. Causative Factors include: sitting with extension. The pain is relieved by rest. Functional Texting: SLR 1 -, SLR 2 -, SLR 3 -, SLR 4 -, SLR 5 -, SLR negative and Yeoman's Test negative. Assessment & Plan: chronic pain syndrome 338.4: claimant is having severe lower back pain related to facet mediated pain of the lower lumbar levels. Hypogonadism, male 257.2: improved after testosterone replacement. Facet arthritis of lumbar region 721.3: Bilateral L4/5 and L5/S1 levels. Claimant has pain that worsened with axial loading. He is not having radicular pain. His SLR is negative. His pain description is consistent with facet joint mediated pain. He has not had adequate relief with other conservative measures. Will schedule claimant for diagnostic and therapeutic lumbar facet joint injections of the L4/5 and L5/S1 levels under fluoroscopic guidance.

10-28-14: Operative Report. Preoperative Diagnosis: lumbar facet arthritis. Postoperative Diagnosis: same.

11-17-14: Progress Note. Reason for Appointment: FU Discogram. Claimant has continued aching thoracic pain and burning lower back pain. Discogram was denied and claimant has had facet injections 2 weeks ago but they did not help over all. Current medications: Norco 7.5/325, MVI, ProAir HFA, Ibuprofen 800mg, Norco 10/325, and Robaxin 750mg. PE: Back Decreased ROM of spine, normal, tender to palpation, normal alignment. Assessments: 1. Facet arthropathy 724.8, 2. Lumbar radiculopathy, thoracic or lumbosacral neuritis or radiculitis, unspecified, radicular syndrome of lower limbs 724.4, 3. Root compression 724.9, 4. Spondylosis w/ myelopathy 721.42, Spinal stenosis, lumbar region, without neurogenic claudication 724.02, Closed fracture of unspecified part of vertebral column without mention of spinal cord injury 805.8. Treatment: Claimant reported no significant improvement of PT, recommend L4-S1 discogram. Workers comp has refused the 1st request for a discogram. Recommend flex/ex x-rays of L spine. Claimant reported ED since the accident. Urology consult. FU PRN.

11-17-14: X-Ray Lumbar Spine (W/Bend Views). Impression: No radiographic acute osseous abnormality. Minimal/early marginal irregularity and possible minimal disk space loss at L1-2 and T12-L1. Mild facet hypertrophic/sclerotic changes distally at L5-S1. No spondylolisthesis or abnormal motion with flexion or extension.

12-19-14: UR. Reason for denial: There is no detailed discussion of the efficacy of prior treatment. There is no comparison with prior exams, the current exam showed Back Decreased ROM of spine, tender to palpation. Request for L4-S1 Discogram. Based on the fact that this study is not recommended, and considering lack of hard objective clinical indications for need for invasive discography, and claimant already had adequate diagnostic work up with other

technically adequate studies, according the ODG (low back) Treatment Guidelines, the request is not medically necessary.

01-14-15: Progress Note. Reason for Appointment: discuss surgery. Claimant wants to discuss surgery since his discogram was denied. He stated he is having a lot of pain in his thoracic spine, when he sneezes it feels like a jack hammer. The injections are not helping, he is getting increased back pain. Current medications: Norco 7.5/325, MVI, ProAir HFA, Ibuprofen 600mg, Norco 10/325, and Robaxin 750mg. PE: Back Decreased ROM of spine, normal, tender to palpation, normal alignment. Assessment: 1. Facet arthropathy 724.8, 2. Lumbar radiculopathy, thoracic or lumbosacral neuritis or radiculitis, unspecified, radicular syndrome of lower limbs 724.4, 3. Root compression 724.9, 4. Spondylosis w/ myelopathy 721.42, 5. Spinal stenosis, lumbar region, without neurogenic claudication 724.02, 6. Closed fracture of unspecified part of vertebral column without mention of spinal cord injury 805.8. Treatment: Claimant reported fracturing his R wrist after falling from standing from his back pain. Recommend L4-S1 discogram. Workers comp has refused the 1st request for discogram. RTC after discogram.

01-26-15: UR. Reason for denial: The discogram is not appropriate at this time as it is not supported by ODG Guidelines. If it is to be performed, there should be clinical documentation of failure of recommended conservative treatment including physical therapy and there should be evidence of a detailed psychosocial assessment, and single level of testing with control is recommended. This request is for L4 to S1 which exceeds ODG Guideline recommendations. No psychosocial evaluation was provided for review. Therefore, the recommendation is for non-certification.

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

The previous adverse determinations are upheld. The patient suffered a work injury in May 2014 and still has back pain noted in January 2015. He has met the ODG criteria for discogram based on back pain for greater than 3 months. He also has failed conservative therapy including physical therapy and lumbar injections. However, the patient has not had a psychological pain evaluation prior to the discogram to ensure that he doesn't have any psychiatric problems that may make the discogram unreliable. The discogram request itself needs to be clarified to determine if the L4/L5 or L5/S1 discs are both sources of concern based on disc degeneration seen on the MRI or if one is a control disc for the other. ODG does not appear to allow discogram for more than one symptomatic disc. Therefore, the request for L4-S1 Discogram is not found to be medically necessary at this time.

Per ODG:

Discography	<p>Discography is Not Recommended in ODG.</p> <p>Patient selection criteria for Discography if provider & payor agree to perform anyway:</p> <ul style="list-style-type: none">o Back pain of at least 3 months durationo Failure of recommended conservative treatment including active physical therapyo 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 surgeryo 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
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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)**