



Notice of Independent Review Decision - WC

IRO REVIEWER REPORT – WC

DATE OF REVIEW: 10/12/15

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

L4/5 Lumbar Discogram with contrast

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

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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute:

- L4/5 Lumbar Discogram with contrast - Upheld

PATIENT CLINICAL HISTORY [SUMMARY]:

The injured worker had a lifting injury on xx/xx/xx developing lower back pain. Lumbar MRI 12/31/2014 showed a disc protrusion at L4-5. Radicular symptoms dissipated with epidural injection. There are no objective physical findings. There is no pain at rest, but moderate pain with lifting. Straight-leg raising is negative, and reflexes are symmetric. There has been a request the lumbar discogram at L4-5. The injured worker was placed at MMI 7/8/2015.

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

The ODG notes that discography is “Not recommended”. In the past, discography has been used as part of the pre-operative evaluation of patients for consideration of surgical intervention for lower back pain. However, the conclusions of recent, high quality studies on discography demonstrated discography is not an accurate diagnostic test and does not predict successful fusion. These studies have suggested that reproduction of the patient’s specific back complaints on injection of one or more discs (concordance of symptoms) is of limited diagnostic value. There are many quote false positive” findings on discography. Therefore discography is neither reasonable, nor necessary. The prior reviews are upheld.

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

- MEDICAL JUDGMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- ODG - OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**