

# Clear Resolutions Inc.

An Independent Review Organization

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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE NOTICE SENT TO ALL PARTIES:** Sept/01/2015

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:** Lumbar L4-L5 Discogram with CT

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:** MD, Board Certified 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 medical necessity exists for each health care service in dispute.** It is the opinion of this reviewer that the request for lumbar L4-5 discogram with CT is medically reasonable and the prior denials are overturned.

**PATIENT CLINICAL HISTORY [SUMMARY]:** Patient is a male. On 02/17/15, he was seen in clinic. His back pain is rated 5/10 at that time. He completed six sessions of physical therapy and stated physical therapy was not helping him. He had no complaints of numbness tingling or weakness. On exam, he had limited range of motion of lumbar spine and is neurologically intact. On 03/26/15, an MRI of the lumbar spine was obtained. L1-2 and L2-3 were stated to be normal. There was multilevel degenerative disease worse at L4-5 where there was mild broad based posterior disc bulge, with a super posed mild focal disc protrusion at the right lateral recess. This disc material indented the thecal sac, causing mild foraminal narrowing bilaterally. This deviated the passing right L5 nerve root. On 05/21/15, the patient was given a lumbar epidural steroid injection at L4-5. On 06/17/15, the patient returned to clinic with back pain that radiated across the right across the back. He denied leg pain numbness and tingling. He had no improvement from the previous epidural steroid injection. On exam, strength was considered normal and he was neurologically intact. There was pain with flexion/extension lumbar spine. Reflexes were to an ankle and symmetrical at the patellar reflexes and Achilles reflexes 1+ nickel symmetrical. It was noted he most likely had symptoms related to his L4-5 level, but a CT discogram was recommended for confirmation. On 06/30/15, patient underwent pre-surgical psychological evaluation. He was cleared for discogram without concern that psychological issues would impact the results.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION:** On 07/06/15, a utilization review letter non-certified the request for lumbar L4-5 discogram with CT and was noted that Official Disability Guidelines low back chapter did not recommend discography. In this patient's case, the records indicate the patient was an obese individual with back pain prior to the injury and despite that surgery was being planned for his low back pain. It was noted that criteria specifically recommended against using discogram as a pre-operative tool for evaluation and therefore the request was non-certified. On 08/07/15, a reconsideration determination letter was submitted again utilizing Official Disability Guidelines low back

chapter, noting that discography was not recommended. Should it be performed, it was noted that guidelines question the use of this procedure as a pre-operative indication for spinal fusion. Therefore the request was non-certified.

Official Disability Guidelines low back chapter states that discogram is not recommended. Patient criteria should it be performed include low back pain of at least three months duration, failure of recommended conservative care including physical therapy, satisfactory results from a detailed psychosocial assessment, single level testing is recommended with a control, and it should be intended as a screen to assist surgical decision making with the surgeon noting that lumbar spine fusion. Discography should be viewed as a non-diagnostic but confirmatory study for selecting operative levels for the proposed surgical level and should not be ordered for a patient who does not meet surgical criteria. The provider stated that L4-5 is apparently the pain generator for this patient. There is one or more degenerative levels as well as one or more control levels. This request is for single level procedure. The patient has been cleared from a psychological perspective. Thus criteria for this procedure has been met. It is the opinion of this reviewer that the request for lumbar L4-5 discogram with CT is medically reasonable and the prior denials are overturned.

**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)