US Decisions Inc.

An Independent Review Organization
8760 A Research Blvd #512
Austin, TX 78758
Phone: (512) 782-4560
Fax: (207) 470-1085
Email: manager@us-decisions.com

DATE NOTICE SENT TO ALL PARTIES: Aug/28/2015

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: Left Discogram at L3-4, L4-5 and L5-S1 with post discogram CT scan

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

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

[X] 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. In this reviewer's opinion, the request for Left Discogram at L3-4, L4-5 and L5-S1 with post discogram CT scan is not medically necessary

PATIENT CLINICAL HISTORY [SUMMARY]: Patient is a female. On 12/17/14, an MRI of the lumbar spine was obtained showing from T12 to L1 down to L3-4, there were no disc herniations, stenosis or alteration of the caliber of the central canal, lateral recesses or foramina. No obvious facet abnormality was noted. At L4-5 surgical changes were present and there was 10% bilateral foraminal narrowing and there was no central canal stenosis and no change from the previous report. At L5-S1 there was a right far lateral extraforaminal osteophyte and disc complex with 50% right foraminal narrowing. This was predominantly secondary to osteophytes. There was 50% right lateral recess stenosis and there was no central canal stenosis or left lateral recess stenosis. There was no left foraminal narrowing. Those findings were stable compared to the prior exam.

On 06/02/15, the patient was seen in clinic for bilateral lower back pain and right side greater than left leg pain. Imaging studies were reviewed. She had a right L5-S1 selective nerve root block on 04/02/15 without significant improvement and she had completed physical therapy.
Upon exam, she had strength deficits with right hip flexors rated at 4+/5 and right ankle plantar flexors rated at 4+/5. Sensation was decreased along the right lateral and right posterior lower leg and deep tendon reflexes were 1/4 at the bilateral patellae and Achilles. A lumbar discogram at L3-4 with control levels at L4-5 and L5-S1 was recommended.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION: On 06/08/15, a peer physician report was submitted. This report non-certified the request for a left discogram at L3-4, L4-5, and L5-S1 with post-discogram CT and the rationale given was that the request was not recommended by the guidelines and the previously documented surgical treatment to the lumbar disc with alteration of pathology would compromise the voracity of the study. Therefore the request was non-certified. On 07/06/15, a utilization review letter for the appeal for the requested discogram non-certified the request. This utilized the 07/02/15 peer physician report noting

that positive discography was not highly predictive in identifying outcomes from spinal fusion, and there was no documentation of segmental instability at the L4-5 or L5-S1 level to indicate medical necessity of surgery. It was noted the patient had undergone a partial discectomy at L4-5 in the past and was not likely to exhibit and intact and normal disc at that level and the L5-S1 level was noted to show evidence of degenerative changes and the patient was reported to exhibit clinical signs at L5-S1 with radiculitis that were not amenable to the administration of an epidural steroid injection by transforaminal approach.

For this review, guidelines indicate that a discogram is not completely supported. However, should it be performed, there should be documentation of failure of lesser measures, a 1 level discogram with a normal disc as control is preferred, and for this patient, the records indicate that there is a previous surgery at the L4-5 level and disc osteophyte complex at L5-S1 level. These findings would eliminate both levels as the control. The L3-4 level showed no disc herniation, stenosis or alteration of the caliber of the central canal, lateral recess or foramina and there was no obvious facet abnormality. Thus, L3-4 is likely not the pain generator. The patient has findings indicative of an L5-S1 radiculopathy consistent with imaging. Therefore the rationale for this requested study has not been documented. In this reviewer's opinion, the request for Left Discogram at L3-4, L4-5 and L5-S1 with post discogram CT scan is not medically necessary and the prior denials are 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

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[ ] MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

[ ] MILLIMAN CARE GUIDELINES

[X] 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)