

Parker Healthcare Management Organization, Inc.

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DATE OF REVIEW: JANUARY 4, 2016

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity of proposed Lumbar CT discogram (62290, 72295, 72132)

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

This case was reviewed by a Medical Doctor licensed by the Texas State Board of Medical Examiners. The reviewer specializes in Physical Medicine and Rehabilitation and is engaged in the full time practice of medicine.

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)

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a gentleman who reported low back pain on XX/XX/XX. The injured employee reported doing manual labor.

X-rays of the lumbar spine on XX/XX/XX, reported:

1. Normal radiographs of the lumbar spine.

An MRI of the lumbar spine on XX/XX/XX, reported:

1. At L3-L4, there is a mild 2 to 3 mm posterior annular disc bulge and endplates spurring and articular facet hypertrophy is noted without significant canal stenosis,
2. At L4-L5, there is a posterior annular disc bulge with no significant spinal canal stenosis identified, and
3. At L5-S1, there is a small 2 mm central disc protrusion and mild posterior endplates spurring is seen without significant spinal canal stenosis.

On evaluation on XX/XX/XX, there were subjective complaints of low back pain. On physical examination, muscle strength was 5/5 in the bilateral lower extremities; there was no atrophy. Deep tendon reflexes were one plus in the lower extremities. There was decreased range of motion of the lumbar spine with pain. There was tenderness to palpation over the lumbar segments of the lower spine. Heel to toe walking was painful,

but intact. The recommendation was for a Medrol Dosepak, Butrans patch, and Lyrica. The injured employee underwent a trigger point injection of the lumbar spine. The injured employee continued to follow with the treating provider for medications and medical care.

Electrodiagnostic studies on XX/XX/XX, reported:

1. Normal electrodiagnostic studies.

On evaluation on XX/XX/XX, there were subjective complaints of low back pain. The injured employee was working restricted duties. On physical examination, the lumbar spine range of motion was normal and painful. Straight leg raising was normal bilaterally. Lower extremity strength was normal and deep tendon reflexes were normal and symmetrical. Sensation was intact. The recommendation was for a psychiatric evaluation and a CT discogram.

A Behavioral Health Evaluation was performed on XX/XX/XX. Based on the pre-surgical psychological screening, the injured employee was clear to proceed with a discogram.

A Peer Review on XX/XX/XX, stated the prior peer review concerns remain prevalent and the records do not contain specific information addressing these concerns. The prior peer review recommended documentation of which levels were to be studied as there were multiple levels of degenerative changes and there is no documentation of the control level. As such, the prior peer review outcome is appropriate. Therefore, the appeal request for lumbar CT discogram is not medically necessary.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. IF THERE WAS ANY DIVERGENCE FROM DWC'S POLICIES/GUIDELINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.

RATIONALE:

I reviewed the reported mechanism of injury, the objective medical records available for review, the multiple clinical evaluations, and the peer-reviewed, evidence-based Official Disability Guidelines Low Back Chapter updated XX/XX/XX. I agree with the previous denial. The Official Disability Guidelines Low Back Chapter updated XX/XX/XX, would not support the proposed Lumbar CT discogram as reasonable or necessary as related to the compensable injury. Lumbar CT discograms are not supported by the Guidelines. 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 have significantly questioned the use of discography results as a preoperative indication for either IDET or spinal 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. (Pain production was found to be common in non-back pain patients; pain reproduction was found to be inaccurate in many patients with chronic back pain and abnormal psychosocial testing, and in this latter patient type, the test itself was sometimes found to produce significant symptoms in non-back pain controls more than a year after testing.) Also, the findings of discography have not been shown to consistently correlate well with the finding of a High Intensity Zone (HIZ) on MRI. Discography may be justified if the decision has already been made to do a spinal fusion, and a negative discogram could rule out the need for fusion on that disc (but a positive discogram in itself would not allow fusion). Discography may help distinguish asymptomatic discs among morphologically abnormal discs in patients without psychosocial issues. Precise prospective categorization of discographic diagnoses may predict outcomes from treatment, surgical or otherwise. Positive discography

was not highly predictive in identifying outcomes from spinal fusion. A recent study found only a 27% success from spinal fusion in patients with low back pain and a positive single-level low-pressure provocative discogram, versus a 72% success in patients having a well-accepted single-level lumbar pathology of unstable spondylolisthesis.

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

XX DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

XX MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

XX ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES