

# MEDICAL REVIEW OF TEXAS

[IRO #5259]

3402 Vanshire Drive

Austin, Texas 78738

Phone: 512-402-1400

FAX: 512-402-1012

## NOTICE OF INDEPENDENT REVIEW DETERMINATION

TDI-WC Case Number:	
MDR Tracking Number:	M2-05-1551-01
Name of Patient:	
Name of URA/Payer:	Old Republic Insurance Company
Name of Provider: (ER, Hospital, or Other Facility)	
Name of Physician: (Treating or Requesting)	Robert Miller, MD

September 28, 2005

An independent review of the above-referenced case has been completed by a medical physician board certified in physical medicine and rehabilitation. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by Texas Medical Foundation, or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

Medical Review of Texas (MRT) hereby certifies that the reviewing physician is on the Division of Workers' Compensation Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to MRT.

Sincerely,

Michael S. Lifshen, MD  
Medical Director

cc:

Jacob Rosenstein, MD  
Robert Miller, MD  
Division of Workers' Compensation

#### CLINICAL HISTORY

Records submitted for review included:

- Records submitted by North Texas Neurosurgical Consultants (Jacob Rosenstein, MD);
- DNI reports dated 5/9/05 and 8/16/04; and
- Specialty Risk Services correspondence, The Hartford correspondence, medical records (Rosenstein, MD), RS4i brochure, DNI reports, RS Medical records, Cleburne Diagnostic Imaging reports, HealthSouth medical records, Highpoint Pain Clinic medical records.

•  
This is a lady who sustained a low back and cervical spine injury. she had been through a number of treatments and there is objectification of a disc lesion. Dr. Rosenstein requested a discogram to identify the L5-S1 disc as her probable pain generator. Dr. Rosenstein feels that a lumbar discogram is needed to confirm the diagnosis. Two separate orthopedic surgeons who conducted a pre-authorization review denied the discogram. It should be noted that Dr. Rosenstein has made the diagnosis, has sought a surgical intervention at the L5-S1 level and was fairly clear what the pain generator is.

#### REQUESTED SERVICE(S)

Discogram L3/4, L4/5 ad L5/S1

#### DECISION

Denied.

#### RATIONALE/BASIS FOR DECISION

A review of the literature does not support the use of discography. Per the Official Disability Guidelines discography is not recommended. Recent studies on discography condemn its use as a preoperative

indication for either IDET or fusion. Discography does not identify the symptomatic high intensity zone, and concordance of symptoms with the disc injected is of limited diagnostic value (common in non-back patients, inaccurate if chronic or abnormal psychosocial tests), and it can produce significant symptoms in controls more than a year later. Discography involves the injection of a water-soluble imaging material directly into the nucleus pulposus of the disc. Information is then recorded about the amount of dye accepted, the pressure necessary to inject the material, the configuration of the opaque material, and the reproduction of the patient's pain. There are two diagnostic objectives: (1) to evaluate radiographically the extent of disc damage on discogram (sometimes with the addition of CT) and (2) to characterize the pain response (if any) on disc injection to see if it compares with the typical pain of the patient. A symptomatic degenerative disc is considered one that disperses injected contrast in an abnormal pattern, extending to the outer margins of the annulus and possibly into epidural space as well. For many investigators, a painful reaction provoked in the patient that reproduces the patient's usual pain is required to classify the disc as abnormal.

Controlled clinical trials of discography are lacking, and a standard against which to compare is elusive. When comparing outcomes of fusion procedures, lumbar discography is sensitive but lacks specificity.

Lastly, in addition to the ACOEM citation noted by the pre-authorization providers, Grubb and Kelly conducted a retrospective study of 173 cervical discograms over 12 years. Of the 807 disks injected, 50% yielded concordant pain response. More than half of the discograms yielded 3 or more painful disks (more than expected).

Thus, there is a preponderance of the medical evidence that discography does not have any efficacy and with the potential complications this is not reasonable and necessary or medically warranted therapy.

[\(Carragee, 2000\)](#) [\(Carragee2, 2000\)](#) [\(Carragee3, 2000\)](#) [\(Carragee4, 2000\)](#) [\(Bigos, 1999\)](#) [\(ACR, 2000\)](#) [\(Resnick, 2002\)](#) [\(Carragee, 2004\)](#) [\(Carragee2, 2004\)](#)

## YOUR RIGHT TO APPEAL

If you are unhappy with all or part of this decision, you have the right to appeal the decision. The decision of the Independent Review Organization is binding during the appeal process.

If you are disputing the decision (other than a spinal surgery prospective decision), the appeal must be made directly to a district court in Travis County (see Texas Labor Code §413.031). An appeal to District Court must be filed not later than 30 days after the date on which the decision that is the subject of the appeal is final and appealable. If you are disputing a spinal surgery prospective decision, a request for a hearing must be in writing and it must be received by the Division of Workers' Compensation, Chief Clerk of Proceedings, within ten (10) days of your receipt of this decision.

Chief Clerk of Proceedings  
Division of Workers' Compensation  
P.O. Box 17787  
Austin, Texas 78744

Or fax the request to (512) 804-4011. A copy of this decision must be attached to the request.

The party appealing the decision shall deliver a copy of its written request for a hearing to the opposing party involved in the dispute.

In accordance with Commission Rule 102.4(h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on this 29<sup>th</sup> day of September 2005.

Signature of IRO Employee: \_\_\_\_\_

Printed Name of IRO Employee: Cindy Mitchell