Medical Review Institute of America, Inc.
America's External Review Network

MRIoA

October 31, 2006

TX DEPT OF INS DIV OF WC
AUSTIN, TX 78744-1609

CLAIMANT: ___
EMPLOYEE: ___
POLICY: M2-07-0131-01
CLIENT TRACKING NUMBER: 5278

Medical Review Institute of America (MRIoA) has been certified by the Texas Department of Insurance as an Independent Review Organization (IRO). The Texas Department of Insurance Division of Workers Compensation has assigned the above mentioned case to MRIoA for independent review in accordance with DWC Rule 133 which provides for medical dispute resolution by an IRO.

MRIoA has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed. Itemization of this information will follow.

The independent review was performed by a peer of the treating provider for this patient. The reviewer in this case is on the DWC approved doctor list (ADL). The reviewing provider has no known conflicts of interest existing between that provider and the injured employee, the injured employee's employer, the injured employee's insurance carrier, the utilization review agent, or any of the treating doctors or insurance carrier health care providers who reviewed the case for decision before referral to the IRO.

Records Received:

Records Received from the State:
- Notification of assignment Texas Department of Insurance
- Medical dispute resolution request/response
- Items in dispute
- 8/18/2006 Texas Association of school boards letter denying service

- Preauthorization decision and rationale denial of lumbar diskogram and post-diskogram CT scan
- 9/5/2006 Texas Association of school boards denial
- 9/5/2006 preauthorization request for lumbar diskogram denial

Records Received from the Requestor:
- 8/18/2006 Texas Association of school boards denial of lumbar diskogram and post-diskogram CT scan
- 9/5/2006 Texas Association of school boards denial
- Orthopedic knowledge update-spine chapter 9 pain imaging discography
- Allied therapy and diagnostics request for lumbar spine muscle and range of motion study
- 6/15/2005 patient information computerized muscle testing and range of motion study identifies 15% left side deficit compared with the opposite hand grip strength
- 5/31/2005 MRI scan lumbar spine identifies loss of normal signal L3-S1 discs with high intensity zone in the posterior annulus to the right of midline at L5-S1
- MRI scan scheduling request to rule out lumbar herniated disc
- 4/13/2005 Allied therapy and diagnostics impression identifies opinion that the patient would benefit from a continued physical medicine and rehabilitation program.
- Allied therapy and diagnostics prescription for lumbar spine 4/13/2005
- Orthopedic progress not identifies a 27-year-old female scene on 4/13/2005 for a work-related injury ___. She was picking up the child weighing approximately 50-60 pounds and has the onset of pain in the lower back. There is no previous back pain history and the pain is in the lower back and radiates up to the thoracic spine and neck. She has localized tenderness but no neurological deficit the impression is lumbar strain.
- 5/18/2005 progress report
- 6/15/2005 progress report
- 6/21/2005 progress report evaluation. This report identifies the lumbar MRI scan as "basically a normal study with the exception of early loss of disk signal from L3 to the sacrum." The recommendation is for a sacroiliac injection and physical therapy, no indication for epidural steroid injection and no evidence of intrathecal pathology on the MRI scan.
- 8/5/2005 progress report proceeding with the sacroiliac injection
- 8/15/2005 refusal of payment of benefits from the Texas Association of school boards.
- 8/25/2005 history and physical examination for epidural steroid injection.
- 9/21/2005 report of telephone conference
- 9/21/2005. Review discussion
- 10/17/2005 report by Dr. Hood. This identifies the patient complaints, identifies limitation of lateral bending, flexion and extension, no muscle spasm or guarding, straight leg raising is a normal, normal strength, normal neurological function. She is noted to have been increased signal in the annulus region on the lumbar MRI scan. It is noted that she has mild degenerative

changes in the lumbar spine unrelated to the work event. His report says that she has an aggravation of pre-existing conditions. He does not feel she has sacroiliac joint pathology. He recommends epidural steroid injections physical therapy and a home program with over-the-counter medications.

- 11/17/2005 progress report identifies 50% relief of her pain following the epidural steroid injection two months prior.
- 11/22/2005 report of medical evaluation permanent medical impairment Dr. Rolnick. She is noted to have no tenderness, straight leg raising his negative, reflexes are normal, sensory and motor exam is normal, sacroiliac testing his negative. The diagnosis is lumbar strain and lumbar disc disease. He recommends epidural steroid injection and physical therapy.
- 12/2/2005 progress report identifies the epidural steroid injection helped a great deal.
- Report of medical evaluation 12/5/2005 noting that the patient has not reached a maximum medical improvement.
- 1/10/2006 progress report recommending repeat lumbar epidural steroid injections
- 3/28/2006 progress report
- 4/4/2006 telephone conference
- 4/26/2006 review form
- 6/9/2006 review form
- 9/8/2006 review form
- 6/23/2006 progress report identifying back pain and left buttock pain. This reports that the previous two lumbar epidural steroid injections have helped the pain become not as frequent as before. Lumbar diskogram is requested considering intradiskal electrotherapy treatment.
- 8/8/2006 progress evaluation report for lumbar diskogram
- Reprint of article from "diagnostic and therapeutic spinal injections" regarding therapeutics-epidural steroid injections.
- Abstract of article epidural steroid injection - seminars in roentgenology 2004 January; 39[1]: 7-23
- Abstract of article "the effect of spinal epidural steroid injections for degenerative disc disease". Spine Journal. 2004 September-October; 4[5]: 495-505.
- Texas Department of Insurance report 5/15/2006 notification of dispute resolution.
- Medical dispute request/response
- Table of disputed services regarding lumbar epidural steroid injection
- 9/27/2006 notification of receipt of a request for dispute resolution.
- Table of disputed services lumbar diskogram and post-diskogram CT scan

Summary of Treatment/Case History:

The provided documentation identifies this patient as a 27-year-old female who has had low back pain after lifting up a 50-60 pound child during the course of her activities as a child care worker.

This injury occurred on ___. It is noted that she had no previous back problems. She has continued with lower back pain since this date.

She has had medications, physical therapy, prolonged treatment and has continued with symptoms of low back pain. She has had no significant radicular symptoms. The predominant complaint is back pain. The physical examination reported by the treating physician identifies some restriction of motion of the back. Other examiners have reported no neurological deficits, no sacroiliac dysfunction, negative tension signs normal gait pattern and no local tenderness.

Investigations have identified a high intensity zone at L5-S1 with multiple levels of disk desiccation and some end plate changes.

Treatment with epidural steroid injections was initially denied but was subsequently authorized. She has been given two injections. Though the patient is reported to have benefit from these injections her complaints continue. It is reported that the frequency of her complaints has decreased. It should be noted that it is now one year and six months following the injury.

A sacroiliac injection was considered but has not been authorized.

Currently the treating physician is considering lumbar discography and intradiskal electrotherapy.

Questions for Review:

Items in dispute: Pre-authorization request: lumbar diskogram L3-S1 [#62290, #72295, #72100, #62311, #76005] and post-diskogram CT scan [#72131].

Explanation of Findings:

The records provided identify evaluation of a patient with predominantly chronic low back pain. There is no neurological deficit.

There is lack of documentation of investigations with flexion extension films, electrodiagnostic studies, psychological evaluation, functional capacity evaluation, work conditioning and/or work hardening program.

There is no documentation of nonorganic findings, psychological assessment, functional recovery documented with SF 36 or Oswestry scores. Psychological evaluation is not described.

There is no evaluation or documentation of possible depression. There is no documentation of

evaluation of chronic pain behavior. There is no evaluation or documentation of nonorganic findings.

Imaging studies may identify abnormalities but absent any identification of neurological deficit or radiculopathy these abnormalities have a high probability of being unrelated to the patient's pain complaints.

Relying solely on imaging studies to evaluate the source of low back and related symptoms carries a significant risk of diagnostic confusion (false positive test results) because of the possibility of identifying a finding that was present before symptoms began and therefore has no temporal association with the symptoms. Techniques vary in their abilities to define abnormalities (Table 12-7). Imaging studies should be reserved for cases in which surgery is considered or red-flag diagnoses are being evaluated. Because the overall false-positive rate is 30% for imaging studies in patients over age 30 who do not have symptoms, the risk of diagnostic confusion is great. [ACOEM guidelines Chapter 12 page 304]

Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. [ACOEM guidelines Chapter 12 page 303]

Recent studies on diskography do not support its use as a preoperative indication for either intradiskal electrothermal (IDET) annuloplasty or fusion.

Electromyography (EMG), including H reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks.

Diskography is not recommended for assessing patients with low back symptoms. [1] Diskography does not identify the symptomatic high intensity zone, and concordance of symptoms with the disk injected is of limited diagnostic value (common in non back issue patients, inaccurate if chronic or abnormal psychosocial tests), and it can produce significant symptoms in controls more than a year later. Tears may not correlate anatomically or temporally with symptoms.

Diskography in subjects with emotional and chronic pain problems has been linked to reports of significant back pain for prolonged periods after injection, and therefore should be avoided. [1]

The provided documentation also provides an abstract of an article [epidural steroid injection - seminars in roentgenology 2004 January; 39[1]: 7-23] - this article states that these procedures may not address the causative lesion but may provide symptomatic relief. This was a review article with no results or individual research for this conclusion.

Another article was the abstract of an article "the effect of spinal epidural steroid injections for degenerative disc disease". Spine Journal. 2004 September-October; 4[5]: 495-505. This article was a prospective nonrandomized study. This states in the results that though the epidural steroid injection was effective in improving pain and function as assessed by a outcome scores at short-term follow-up, at two-year follow-up over two thirds of their patient study group had received additional invasive treatment. The article goes on to say that a small number of patients may have beneficial effect.

Conclusion/Decision to Not Certify:

Question 1: Items in dispute: Pre-authorization request: lumbar diskogram L3-S1 [#62290, #72295, #72100, #62311, #76005] and post-diskogram CT scan [#72131].

The requested services (lumbar diskogram L3-S1 [#62290, #72295, #72100, #62311, #76005] and post-diskogram CT scan [#72131]) should not be certified as medically necessary or appropriate.

Applicable Clinical or Scientific Criteria or Guidelines Applied in Arriving at Decision:

Lumbar discography is of questionable reliability in the identification of the pain generator in patients with lumbar pain. Therapeutic procedures such as intradiskal electrothermal therapy [IDET] which involve definitive diagnostic use of lumbar discography have not provided consistent clinical success. Anticipating the failures of intradiskal electrothermal therapy and compounding this poor success by basing its therapeutic use on the diagnostic use of lumbar discography is not appropriate. The following discussion on intradiskal electrothermal therapy clarifies the poor outcome. With the lack of indication of intradiskal electrothermal therapy as a successful therapeutic modality the use of lumbar discography consequently becomes irrelevant for this patient.

Intradiscal Electrothermal Therapy:

Current evidence on the safety and efficacy of percutaneous intradiscal electrothermal therapy for lower back pain does not appear adequate to support the use of this procedure without special arrangements for consent and for audit or research. [1]
The treatment of chronic, nonradicular, discogenic low back pain remains controversial. The

posterior anulus fibrosus appears to be a potential site of origin of the pain, which is mediated by nociceptors in the inner layers of the anulus. Diagnosis requires a thorough history, physical examination, and imaging protocol.
Nonsurgical treatment options have been limited to physical therapy and pharmacotherapy. Reported therapeutic success rates of intradiskal electrothermal therapy, a possible intermediate treatment, range from 60% to 80%. Despite this apparent therapeutic effect, however, a more precise quantification of clinical benefits remains to be proved in randomized prospective trials.[2] Intradiskal electrothermal annuloplasty may show some advantages over diskectomy, but IDET is operator dependent and not considered ready for wholesale use by the public. Early outcomes may exaggerate the efficacy of IDET because some who initially improve later deteriorate. In addition, studies of IDET have relied on diskography, a technique not well supported by the medical evidence.

Current evidence on the safety and efficacy of percutaneous intradiscal electrothermal therapy for lower back pain does not appear adequate to support the use of this procedure without special arrangements for consent and for audit or research. [1]

Diskography:
Recent studies on diskography do not support its use as a preoperative indication for either intradiskal electrothermal (IDET) annuloplasty or fusion.
Diskography does not identify the symptomatic high-intensity zone, and concordance of symptoms with the disk injected is of limited diagnostic value (common in non-back issue patients, inaccurate if chronic or abnormal psychosocial tests), and it can produce significant symptoms in controls more than a year later. Tears may not correlate anatomically or temporally with symptoms.
Diskography may be used where fusion is a realistic consideration, and it may provide supplemental information prior to surgery. This area is rapidly evolving, and clinicians should consult the latest available studies.

References Used in Support of Decision:

1. National Institute for Clinical Excellence, August 2004 ISBN: 1-84257-731-X.
2. J Am Acad Orthop Surg, Vol 11, No 1, January/February 2003, 6-11. Treatment of Chronic Discogenic Low Back Pain With Intradiskal Electrothermal Therap, F. Todd Wetzel, MD and Thomas A. McNally, MD
3. ACOEM Guidelines 2nd edition, page 307
4. ACOEM Guidelines 2nd edition, page 304
5. ACOEM, Chapter 12, pages 303-305
6. J Neurosurg Spine. 2005 Jun;2(6): 662-9. Guidelines for the performance of fusion procedures for degenerative disease of the lumbar spine. Part 6: magnetic resonance imaging and discography for patient selection for lumbar fusion. Resnick DK, Choudhri TF,

Dailey AT, Groff MW, Khoo L, Matz PG, Mummaneni P, Watters WC 3rd, Wang J, Walters BC,

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The physician providing this review is board certified in Orthopaedic Surgery. The reviewer has held academic appointments as Assistant Instructor at a state university, Assistant Professor of Orthopaedics, Assistant Professor of Neurosurgery and Director of an orthopaedic hospital spine center. The reviewer has been extensively published and has given numerous presentations and organized seminars in his field of expertise. The reviewer has been in active private practice since 1983.

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 / Appeals Clerk
P. O. Box 17787
Austin, TX 78744

A copy of this decision should be attached to the request. The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute. MRIoA is forwarding this decision by mail, and in the case of time sensitive matters by facsimile, a copy of this finding to the DWC.

MRIoA is forwarding this decision by mail, and in the case of time sensitive matters by facsimile, a copy of this finding to the treating provider, payor and/or URA, and the DWC.

It is the policy of Medical Review Institute of America to keep the names of its reviewing physicians confidential. Accordingly, the identity of the reviewing physician will only be released as required by state or federal regulations. If release of the review to a third party, including an insured and/or

provider, is necessary, all applicable state and federal regulations must be followed.

Medical Review Institute of America retains qualified independent physician reviewers and clinical advisors who perform peer case reviews as requested by MRIoA clients. These physician reviewers and clinical advisors are independent contractors who are credentialed in accordance with their particular specialties, the standards of the American Accreditation Health Care Commission (URAC), and/or other state and federal regulatory requirements.

The written opinions provided by MRIoA represent the opinions of the physician reviewers and clinical advisors who reviewed the case. These case review opinions are provided in good faith, based on the medical records and information submitted to MRIoA for review, the published scientific medical literature, and other relevant information such as that available through federal agencies, institutes and professional associations. Medical Review Institute of America assumes no liability for the opinions of its contracted physicians and/or clinician advisors. The health plan, organization or other party authorizing this case review agrees to hold MRIoA harmless for any and all claims which may arise as a result of this case review. The health plan, organization or other third party requesting or authorizing this review is responsible for policy interpretation and for the final determination made regarding coverage and/or eligibility for this case.

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Case Analyst: Stephanie R ext 537

Cc: Requestor and Respondent