



MEDICAL POLICY

Date Reviewed: 05/23/03, 7/23/04, 03/24/06, 04/20/07, 02/15/08, 01/23/09, 02/05/10, 01/14/11

Subject: Discograms

Description: A diagnostic imaging study where a contrast solution is injected into an intervertebral disc of the spine to view and assess the internal structure of the disc and identify whether it is a source of the symptoms.

Indications of Coverage:

A discogram is considered medically necessary to identify the appropriate level(s) of the spine for proposed spinal surgery after all other criteria for approval of the surgery (with the exception of imaging studies) have been met.

Limitations of Coverage:

Review contract and endorsements for exclusions and prior authorization or benefit requirements.

If the discogram is ordered preparatory to a procedure that is considered not medically necessary (for example, criteria for that surgery have not been met) or experimental/investigative (for example, intradiscal electrothermal (IDET) treatment), the discogram is considered not medically necessary.

If used for a condition/diagnosis other than is listed in the Indications of Coverage, deny as experimental or investigative.

If used for a condition/diagnosis that is listed in the Indications of Coverage, but the criteria are not met, deny as not medically necessary.

Documentation Required:

Office notes (referring provider and/or surgeon)

Documentation from the surgeon noting the surgical procedure that is proposed

Rationale: The use of discography preparatory to intervertebral disc procedures and spinal surgery is standard, although several studies have questioned the validity of discography results. Other studies have shown the possibility for discography to produce a false-positive response. Therefore, intervention based on the results of the discogram alone is not recommended.

References: Boswell MV, Trescot AM, Datta S, Schultz DM, Hansen HC, Abdi S, Sehgal N, Shah RV, Singh V, Benyamin RM, Patel VB, Buenaventura RM, Colson JD, Cordner HJ, Epter RS, Jasper JF, Dunbar EE, Atluri SL, Bowman RC, Deer TR, Swicegood JR, Staats PS, Smith HS, Burton AW, Kloth DS, Giordano J, Manchikanti L; American Society of Interventional Pain Physicians. Evidence-based practice guidelines in the management of chronic spinal pain. *Pain Phys.* 2007 Jan;10(1):7-111.

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Approved by the Medical Director