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PROVIDER BULLETIN

TOPIC: Discography

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Based on review of current literature, there is evidence of a significant false positive rate associated with this testing. The Division has formally adopted the guidelines of the International Spine Intervention Society (ISIS) for what constitutes a positive discogram. These include:

1. Discogenic pain at the target disc with a negative control disc;
2. Grade 3 fissure on post discogram CT scanning
3. Manometry with the following criteria: if concordant pain production occurs at less than 15 psi above opening pressure the study is positive; if pain production occurs at 15-50 psi above opening pressure the study is intermediate; and if pain production occurs at more than 50 psi above opening pressure the study is negative.

Attached is a sample report that demonstrates the necessary information. Reproduced with permission from Mountain View Regional Hospital, (2014).

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Example of Division's Adopted Acceptable
Medical Documentation of Clinical Findings

MOUNTAIN VIEW
REGIONAL HOSPITAL

DISCOGRAM
Patient Pain Indicator Flow Sheet



Level: L2-3
Opening PSI: 18
Pain PSI: _____
Final PSI: 84
Concordant Dissimilar

0 1 2 3 4 5 6 7 8 9 10
no pain mild discomforting distressing horrible excruciating



Level: L3-4
Opening PSI: 12
Pain PSI: _____
Final PSI: 89
Concordant Dissimilar

0 1 2 3 4 5 6 7 8 9 10
no pain mild discomforting distressing horrible excruciating



Level: L4-5
Opening PSI: 14
Pain PSI: _____
Final PSI: 80
Concordant Dissimilar

0 1 2 3 4 5 6 7 8 9 10
no pain mild discomforting distressing horrible excruciating



Level: L5-S1
Opening PSI: 21
Pain PSI: 35
Final PSI: 82
Pain-None Concordant Dissimilar

0 1 2 3 4 5 6 7 8 9 10
no pain mild discomforting distressing horrible excruciating



Level: _____
Opening PSI: _____
Pain PSI: _____
Final PSI: _____
Pain-None Concordant Dissimilar

0 1 2 3 4 5 6 7 8 9 10
no pain mild discomforting distressing horrible excruciating

Assessment

The patient reported his preprocedure pain in his low back pain and left leg pain.

The L2-3 disc was negative during provocative discography. Contrast was seen and maintained within the disc nucleus.

The L3-4 disc was negative during provocative discography. Contrast was seen and maintained within the disc with some spread into the inner third of the annulus.

The L4-5 disc was negative during provocative discography. Contrast was seen leaking through the posterior annulus into the epidural space.

The L5-S1 disc produced concordant back and left leg pain. Contrast was seen spreading throughout the posterior annulus with contrast also spreading into the epidural space.