

IRO America Inc.

An Independent Review Organization

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To: **TDI**

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From:

Date: **8/23/2007**

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DATE OF REVIEW: 4/24/07

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

L4-5 total disc replacement arthroplasty with a 3-day inpatient stay

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

Board Certified Orthopaedic Surgeon who is a fellow of the American Academy of Orthopaedic Surgeons, and is fellowship-trained in Sports 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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

The documents reviewed include the treating physician's operative summary, the pre- and post-op clinic progress notes, the reports of the various imaging studies (both pre- and post-op), and the consultant physician's clinic notes. Also the case assignment from TDI, and including but not limited to records from the following: Dr. 7/2/04, 5/20/04, Dr. 4/29/04, Peer Review 12/4/06, FCE 8/4/04, Radiology Report 11/15/06, Dr.'s records from March, April, August, October and November of 2006, 7/29/04, MRI 1/26/06, Dr. 12/29/03, 1/14/04, 1/27/04, 5/12/04.

PATIENT CLINICAL HISTORY [SUMMARY]:

The injured employee is a female who suffered a lumbar strain while lifting a 30-lb lock box at work. She complained of continued low back pain and ultimately underwent an L4-5 lumbar laminectomy, decompression, and microdiscectomy on 1/27/2004. Post-operatively, despite rehabilitation, anti-inflammatories, chronic pain specialist consultation, and epidural steroid injections, she failed to improve. A recent discogram on 11/15/2006 revealed concordant pain at L4-5. After failing further non-operative management a consultant surgeon has recommended an artificial disc replacement at L4-5 with a 3-day inpatient hospital stay.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.

The medical indications for artificial disc replacement have not yet been fully elucidated. Although the FDA has approved the use of these devices, there are no peer reviewed published studies validating their long-term efficacy. There are also many concerns regarding the longevity of these devices and the propensity for deterioration of adjacent levels. With only short-term outcome data available, it is the reviewer's medical assessment that the placement of these devices, especially in young patients (age < 40 yrs) with no hard evidence of myelopathy or radiculopathy, can not yet be recommended.

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

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- INTERQUAL CRITERIA
- MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- TEXAS TACADA GUIDELINES
- TMF SCREENING CRITERIA MANUAL
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)