



Specialty Independent Review Organization

Notice of Independent Review Decision

DATE OF REVIEW: 04/23/07

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The services under review consist of Charite artificial disc replacement at L4/5.

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

The reviewer is a board certified physician in Orthopedics with greater than 15 years of experience.

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)

The reviewer agrees with the previous adverse determination regarding all services under review.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the URA, treating doctor and from the requesting doctor.

Letters: 3/14, 3/26 and 4/3/2007.

Records from Doctor/Facility:

MD, Reports: 9/19/06 to 3/6/2007.

Imaging, Myelogram: 3/16/01

Nucleoplasty: 9/24/02.

Texas Dept of Insurance, Letter: 4/5/07.

MD, Reports: 2/10 to 3/31/2007.

Hospital, MRI: 2/27/07.

MD, EMG: 2/27/07.

Additional Records from URA:

Letter: 4/6/07.

DO, Report: 3/14/07.

DO, Report: 4/3/07.

PATIENT CLINICAL HISTORY [SUMMARY]:

This female injured her low back. The patient was pulling a pallet on a jack when she felt a pull in her low back. Over time, the patient has worsened. Pain is located in her low back radiating down both legs with left greater than the right. There is an associated numbness over the left heel. Patient can ambulate for approximately one block before pain increased to the point where she must stop. The pain is also made worse with bending, but no change with coughing or sneezing.

Physical examination reveals generalized tenderness in the lumbar spine, range of motion slightly limited in flexion and extension, muscle strength 5/5, straight leg raise negative, no nerve root tension signs, diminished sensation over the lateral border of the left foot.

Patient has had several diagnostic tests. Lumbar myelogram/CT scan on 03/16/2001 revealed a PNP at L4-5. MRI on 02/27/2007 revealed a mild posterior annular bulge at L4-5. EMG on the same date was remarkable for a chronic left L4-5 radiculopathy. Treatment has included several years of intermittent physical therapy, medications, and an IDET at L5-S1 on 09/24/2002.

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

According to BCBS Medical Policy Bulletin 11.14.19, Artificial Disc Replacement is still considered investigational. The initial results are only 63%. Charite artificial discs were approved by the FDA in October 2004. Medicare has not determined the coverage at this time.

ODG, likewise, considers the artificial disc replacement to be investigational. Because the Charite artificial disc replacement is considered investigational, the request is denied.

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) Shuff and An: Artificial Disc Replacement: The New Solution for Discogenic Low Back Pain? American Journal of Orthopedics January 2005, 8-12
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)