

P-IRO Inc.

DATE OF REVIEW: 4/9/07

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Arthroplasty L4-5 and L5-S1

22899—Spine Surgery Procedure, 22999—Abdomen Surgery Procedure, 63090—Removal of Vertebral BOD, 22558—Lumbar Spine Fusion, 22851—Apply Spine Prosthetic Device, 20931—Spinal Bone Allograft

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

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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Office notes, Dr. 04/07/06, 04/12/06, 04/26/06, 11/27/06 and 01/16/07
- Note, PAC
- Office note, Dr. 06/28/06
- Discogram, 01/08/07
- Post discogram CT, 01/08/07
- Surgery scheduling form, 01/16/07
- Letter, Dr. 01/25/07
- Review, Dr. 01/29/07
- Letter, 01/31/07 and 03/07/07
- Request for review by independent review organization, 02/19/07

- Review, Dr. 03/07/07

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a male who sustained a low back injury while opening a manhole. He was treated conservatively with medications, physical therapy, activity modification, epidural steroid injections and facet injection. He reports continued low back and buttock pain with right foot numbness. A lumbar MRI performed on 09/15/05 demonstrated L4-5 desiccation as well as central protrusions at L4-5 and L5-S1. EMG/NCS from 11/05/05 noted right L5 radiculopathy. Physical examination demonstrated the claimant to be neurologically intact. The claimant discontinued use of narcotic analgesia in June of 2006 due to positive liver function tests. He continued to treat with anti-inflammatories. A psychiatric evaluation conducted on 06/28/06 noted only mild depressive effect without excessive pain sensitivity. A lumbar CT/ discogram was completed on 01/08/07 indicated a normal L3-4 level with concordant L4-5 and L5-S1 levels. The claimant has ceased work activities due to increased pain. The physician has discussed various surgical options according to the records has recommended a disc replacement at L4-5 and fusion at L5-S1.

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

The claimant has documented discogenic pain that appears to be relatively subjective in nature. There is diagnostic evidence on MRI and electrodiagnostic study of L4-5 disc desiccation as well as L4-5 and L5-S1 disc herniation with right L5 radiculopathy. However, there is no objective evidence of radicular pathology on physical examination. There is no radiographic documentation of instability. He has failed appropriate conservative management and continues to report increasing low back and right buttock pain. His use of medications has been complicated by elevated liver function tests and related hypertension that requires management by his primary care physician. While the Reviewer can appreciate that the claimant has not acquired any significant relief of his pain complaints with non-operative measures, the efficacy of disc replacement has not been proven in long term studies. Recent studies in peer reviewed literature have noted some relief of pain complaints and limited mechanical failure; however, they have not proven the superiority of the artificial discs over fusion at this time. While these early follow up studies may offer promising results, continued study is required. Therefore, the request for disc arthroplasty would not be considered medically appropriate.

In addition, the physician plans a fusion at L5-S1, which also would not be recommended. It appears from the records provided that the claimant has discogenic pain without a significant radicular component. There is no documentation of neurologic deficit on exam or evidence of nerve root compression on MRI. There is no documentation of spinal instability as the reason for the surgical request. The physician has described degenerative lumbar disease but in the absence of progressive neurological deficit or spinal instability, lumbar fusion is not recommended as medically necessary.

It appears that the CPT Codes 22899 and 22999 may have been submitted by the physician for the disc arthroplasty procedure. However, these are miscellaneous codes and would not be used for a disc arthroplasty. CPT 2007 has provided a code specific for disc arthroplasty which is 22857. Codes 63090, 22558, 22851, 20931 are the appropriate codes for anterior spinal fusion surgery, which apparently is planned at the L5-S1 level. However as stated above, neither of

these procedures would be recommended based on the clinical information and diagnostic findings provided.

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)
 - Rothman-Simeone, The Spine, Fifth Edition; Chapter 58
 - CPT 2007

- AAOS 2007