

P&S Network, Inc.

DATE OF REVIEW: August 16, 2007

IRO CASE #:

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

This case was reviewed by a Orthopedic Surgeon. The reviewer has signed a certification statement stating that no known conflicts of interest exist between the reviewer and the injured employee, the injured employee's employer, the injured employee's insurance carrier, the utilization review agent (URA), any of the treating doctors or other health care providers who provided care to the injured employee, or the URA or insurance carrier health care providers who reviewed the case for a decision regarding medical necessity before referral to the IRO. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Lumbar Charite artificial disc replacement L5-S1; lumbar corset; cryo unit times 10 days rental; one day length of stay

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld (Agree)

REVIEW OF RECORDS

- o Submitted medical records were reviewed in their entirety.
- o June 27, 2007 utilization review letter
- o July 11, 2007 utilization review letter
- o June 25, 2007 through July 11, 2007 nurse case management notes
- o June 5, 2007 notes from M.D.
- o October 25, 2006 operative report M.D.
- o May 14, 2007 report by M.D.
- o April 24, 2007 chart notes by M.D.
- o November 14, 2006 chart notes by M.D.
- o April 17, 2007 operative report by M.D.
- o February 26, 2007 operative report by M.D.
- o April 6, 2006 lumbar MRI report by M.D.
- o September 13, 2006 EMG/NCV report by M.D.
- o September 18, 2006 progress report by M.D.
- o July 26, 2006 orthopedic report by M.D.
- o June 13, 2006 operative report by M.D.
- o May 29, 2007 Required Medical Evaluation report by M.D.

CLINICAL HISTORY SUMMARY

The patient is a male who sustained an industrial injury. A June 27, 2007 utilization review letter rendered a non-certification as the request was not in compliance with the Official Disability Guidelines. A physician submitted a request for reconsideration and stated that the claimant continues to have pain in spite of to sacroiliac joint injections. He reportedly has low back pain with pain radiating down both lower extremities into the calf. The physician stated that an October 25, 2006 lumbar discogram showed abnormal L5-S1 with concordant low back pain and right buttock pain with radiologic evidence of an annular tear.

The case was again reviewed on July 11, 2007 with a decision to non-certify the request. The physician reviewer stated that neither the Official Disability Guidelines, nor evidence based medicine in general recommends the requested procedure and based on information provided, the patient seems to be a poor candidate for this investigative approach.

Specifically the post discogram CT scan from October 25, 2006 states that the discogram is considered essentially normal from L3-4 through L5-S1. The patient demonstrated generalized disc bulging at L5-S1 and central disc bulging at L4-5 without definite extruded fragments or extension of the contrast into the area of the discogram. The discogram report does state that there is concordant low back pain and right buttock pain with radiologic evidence of annular tear at the L5-S1 level. A nerve conduction study and electromyography was performed on September 13, 2006 and was found to be normal. A lumbar MRI performed on April 6, 2006 was found to demonstrate a mild central 2 mm disc bulge/protrusion at L4-5 without significant thecal sac or nerve root compromise. The study was otherwise essentially unremarkable.

ANALYSIS AND EXPLANATION OF DECISION

As noted in the references, the ACOEM guidelines and the Official Disability Guidelines do not support the utilization of artificial disc replacement at this time. I agree with the previous reviewing physicians that this procedure is not appropriate at this time. Further, given that the surgery has not been deemed medically necessary, the patient will not require the postoperative requests of lumbar corset; cryo unit times 10 days rental; and one day length of stay. Therefore, my decision is to uphold the determinations to non-certify these requests.

The IRO's decision is consistent with the following guidelines:

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

According to ACOEM guidelines, page 306, given the extremely low level of evidence available for artificial disk replacement or percutaneous endoscopic laser discectomy (PELD), it is recommended that these procedures be regarded as experimental at this time.

According to the Official Disability Guidelines, disc prosthesis is not recommended at this time for either degenerative disc disease or mechanical low back pain. While disc replacement as a strategy for treating degenerative disc disease has gained substantial attention, it is not currently possible to draw any conclusions concerning disc replacement's effect on improving patient outcomes. The studies quoted above have failed to demonstrate a superiority of disc replacement over simple fusion for the limited indications for surgical treatment of lower back pain. Thus disc replacement is considered a controversial and unproven alternative to fusion surgery.