

Notice of Independent Review Decision

PEER REVIEWER FINAL REPORT

DATE OF REVIEW: 12/7/2007
IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

1. ADR of L5-S1 with 1 day LOS.

QUALIFICATIONS OF THE REVIEWER:

This reviewer attended the University of Pittsburgh School of Medicine after completing his undergraduate degree at the University of Virginia. He completed an internship and residency at Pennsylvania State University. He has been actively practicing since 1990. He is a member of the American Academy of Orthopaedic Surgeons and the American Medical Association.

REVIEW OUTCOME:

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

- | | |
|---|----------------------------------|
| <input checked="" type="checkbox"/> Upheld | (Agree) |
| <input type="checkbox"/> Overturned | (Disagree) |
| <input type="checkbox"/> Partially Overturned | (Agree in part/Disagree in part) |

1. ADR of L5-S1 with 1 day LOS. Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Notice of assignment by TDI dated 11/28/2007
2. Review organization dated 11/26/2007
3. Request form dated 11/20/2007
4. Notice of utilization review dated 11/06/2007
5. Clinical note dated 11/06/2007
6. Notice of utilization review findings dated 11/15/2007
7. Clinical note dated 11/15/2007
8. Reviews of assignment dated 11/28/2007
9. Independent review organization dated 11/28/2007
10. Clinical note dated 11/28/2007
11. Independent review organization dated 11/20/2007
12. Notice of utilization review dated 11/6/2007
13. Clinical note dated 11/6/2007
14. Clinical note dated 11/28/2007
15. Preauthorization request form dated 11/28/2007
16. Clinical note by MA, dated 10/17/2007
17. Follow up note by MD, dated 10/8/2007
18. Follow up note by MD, dated 9/10/2007
19. Consultation note by MD, dated 8/24/2007
20. Clinical note by MD, dated 7/25/2006 to 1/23/2007 multiple dates
21. History and physical by MD, dated 7/10/2006
22. Clinical note by MD, dated 4/25/2006 to 6/20/2006 multiple dates
23. Radiology report by MD, dated 9/10/2007
24. Clinical note by MD, dated 4/14/2006

Name: Patient_Name

25. Clinical note by MD, dated 4/10/2006
26. Final report by MD, dated 7/7/2006
27. Final report by MD, dated 7/10/2006
28. Operative report by MD, dated 9/24/2007
29. Operative report by MD, dated 7/10/2006
30. Acknowledgement form dated 8/24/2007
31. Check list note dated 10/8/2007
32. Patient profile dated 10/5/2007
33. Clinical note by, dated 10/17/2007
34. Clinical note dated 10/16/2007
35. Clinical note dated 4/6/2007
36. Patient referral form dated 11/28/2007
37. Care management note dated 4/7/2006
38. Notice of utilization review dated 11/15/2007
39. Clinical note dated 11/15/2007
40. Clinical note dated 11/28/2007
41. Preauthorization request form dated 1/28/2007
42. Behavioral medicine evaluation by MA, dated 10/17/2007
43. Follow up note by MD, dated 10/8/2007
44. Follow up note by MD, dated 9/10/2007
45. Consultation note by MD, dated 8/24/2007
46. Radiology report by MD, dated 9/10/2007
47. Operative report by MD, dated 9/24/2007
48. Clinical note by MD, dated 4/25/2006 to 9/5/2006 multiple dates
49. Final report by MD, dated 7/7/2006
50. Final report by MD, dated 7/10/2006
51. Operative report by MD, dated 7/10/2006
52. History and physical note by MD, dated 7/10/2006
53. Clinical note by MD, dated 1/23/2007
54. Clinical note by MD dated 10/17/2006
55. Clinical note by MD, dated 4/14/2006
56. Clinical note by MD dated 4/10/2006
57. Clinical note by Claims Representative dated 11/28/2007
58. Notice of disputed issue dated 04/18/2006
59. Individual psychotherapy note by MA dated 11/08/2007
60. Individual psychotherapy note by MA dated 11/01/2007
61. Patient billing information note dated 09/10/2007
62. Behavioral medicine evaluation note by MA dated 10/17/2007
63. Progressive evaluation note dated 10/04/2007
64. Progressive evaluation note dated 10/04/2007
65. Routine note dated 08/24/2007
66. Contrast injection record dated 11/30/2007
67. MRI patient history worksheet dated 09/10/2007
68. Radiology report by MD dated 09/10/2007
69. SOAP notes dated 09/25/2007 to 09/27/2007 multiple dates
70. Patient demographic record dated 11/30/2007
71. Authorization note dated 09/24/2007
72. Admission acknowledgement note dated 09/24/2007
73. Important message dated 11/30/2007
74. Treatment note dated 09/24/2007
75. Important information dated 09/24/2007
76. Discharge instructions dated 09/24/2007
77. Short stay record dated 09/24/2007
78. Operative report by MD dated 09/24/2007
79. Clinical note dated 09/24/2007
80. Surgical procedures note dated 09/24/2007
81. Anesthesia note dated 09/24/2007
82. Iv sedation assessment dated 09/24/2007
83. Iv sedation note dated 11/30/2007
84. Pain care procedures note dated 09/24/2007
85. Clinical note dated 09/10/2007

Name: Patient_Name

86. Pain management form dated 11/30/2007
87. Patient profile note dated 11/30/2007
88. Latex allergy screen note dated 09/24/2007
89. Initial nursing assessment note dated 09/26/2007
90. Recovery record dated 09/24/2007
91. Nurses notes dated 09/24/2007
92. Nursing plan of care dated 11/30/2007
93. Universal medication list dated 09/24/2007
94. Radiology report by MD dated 09/10/2007
95. Operative report by MD dated 09/24/2007
96. Rehabilitation services note dated 09/10/2007
97. Initial evaluation note dated 09/12/2007
98. Plan of care dated 09/12/2007
99. Follow up note by MD dated 09/10/2007
100. Consultation note by MD dated 08/24/2007
101. Status report dated 08/07/2007
102. Progress notes by MD dated 08/07/2007
103. Status report dated 08/07/2007
104. Report of medical evaluation dated 05/08/2007
105. Report designated doctor examination dated 05/08/2007
106. Report of medical evaluation dated 05/08/2007
107. Clinical note by MD dated 05/08/2007
108. Lumbar range of motion dated 05/08/2007
109. Clinical note dated 05/14/2007
110. Report of medical evaluation dated 03/19/2007
111. Impairment rating report by MD dated 03/19/2007
112. Clinical note by MD dated 01/23/2007
113. Clinical note by MD dated 10/17/2006
114. Status report dated 10/17/2006
115. Clinical note by MD dated 07/25/2006 and 09/05/2006
116. Status report dated 11/30/2007'
117. Final report by MD dated 07/08/2006 and 07/12/2006
118. Anesthesia record dated 07/10/2006
119. Operative report by MD dated 07/10/2006
120. Status report dated 11/30/2007
121. Clinical note by MD dated 06/20/2006
122. The ODG Guidelines were not provided

INJURED EMPLOYEE CLINICAL HISTORY [SUMMARY]:

The injured employee is a male with a diagnosis of post-laminectomy syndrome and internal disc derangement at L5-S1. He sustained an injury as he picked up a 5 gallon drum of degreaser and experienced severe pain in his back and into the left leg and lateral side of his foot. The injured worker underwent conservative treatment including injections, chiropractic care, decompression therapy, and physical therapy subsequent to two previous laminectomies. The provider has requested an ADR at L5-S1 with a 1 day length of stay.

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

There is inadequate documentation in peer reviewed literature and evidence based guidelines, such as ODG, of randomized long term outcome studies that prove the effectiveness of this procedure when compared to standard surgical procedures and conservative measures for degenerative disc disease. Most published studies consist of retrospective case series, small sample sizes and short-term uncontrolled retrospective studies. On the basis of the literature, there is currently insufficient data to assess the long term performance of total disc replacement adequately. An artificial disc replacement procedure is investigational and remains unproven in the long term at this time. Therefore, the artificial disc replacement of L5-S1 with 1 day length of stay is deemed not medically necessary.

In accordance with the ODG, the disc replacement surgery cannot be recommended and the previous denial is upheld.

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

Name: Patient_Name

- X 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
- X 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)