

Independent Resolutions Inc.

An Independent Review Organization

835 E. Lamar Blvd. #394

Arlington, TX 76011

Phone: 817-274-0868

Fax: 817-549-0311

IRO REVIEWER REPORT TEMPLATE -WC

DATE OF REVIEW: JULY 16, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Spinal surgery and LSO back brace

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

Board Certified Orthopedic Surgeon

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

Denials 06/01/07, 06/11/07

CT lumbar spine 09/12/06

MRI lumbar spine 11/08/06

X-ray lumbar spine 11/08/06

Office notes of Dr. 12/06/06, 03/03/07, 05/22/07

physical therapy notes 12/11/06, 01/11/07

Office notes NP 01/05/07, 02/05/07, 03/12/07

L5-S1 epidural steroid injection 01/19/07
Myelogram 03/01/07
CT scan 03/01/07
Letter 07/02/07

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a year old injured when he fell at work. A CT of the lumbar spine showed a nondisplaced fracture of the transverse processes on the left at L1 and 2. There was multilevel degenerative disc disease and spondylosis worse at L5-S1. An 11/08/06 MRI of the lumbar spine showed degenerative disc disease at L5-S1 with posterolateral disc protrusion more prominent to the right causing right S1 nerve root impingement, multilevel degenerative disc disease. There was a slightly displaced fracture of the transverse process of L2 without impingement. X-ray findings were the same.

He came under the care of Dr. and the nurse practitioner for low back pain and right leg radiculopathy. He was treated with medication, off work and an epidural steroid injection. On examinations with Dr. and the nurse practitioner indicated that the claimant has lumbar and right lower extremity pain. The physical examination noted no weakness or sensory loss in 03/07. A 03/01/07 myelogram showed small extradural defects at all levels and multilevel disc osteophyte formation. On flexion extension there was mild retrolisthesis of L2 on 3 and mild truncation of the L5 nerve root sleeve on the right. The 03/01/07 CT documented L1-2 and L 2-3 disc bulge with some neural foraminal narrowing on the left. At L3-4 was a mild broad based disc bulge without focal protrusion or significant central stenosis but there was foraminal stenosis. L4-5 revealed a broad based bulge with prominent neural foraminal stenosis. At L5-S1 there was a broad based bulge asymmetric to the left, mild central canal narrowing and severe bilateral foraminal stenosis. SI degenerative change was also seen

On 03/03/07 the claimant returned to Dr. with back and right leg pain at 8/10. Strength of the right lower extremity was decreased. The 05/22/07 visit noted physical examination findings of weakness of and anterior tibialis and decreased sensation in the dorsum of the foot. Disc replacement surgery was requested at L5-S1.

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

Based on the information provided the Reviewer's medical assessment is that the requested intervertebral disc replacement would be more beneficial than any standard therapy. There is inadequate documentation in peer reviewed literature with randomized long term outcome studies to prove the effectiveness of this procedure over more standard methods of treatment. Most published studies consist of retrospective case series, small sample sizes and short-term uncontrolled retrospective studies. Recent literature includes only two year results and is compared to interbody fusion. On the basis of the literature, there is currently insufficient data to assess the long term performance of total disc replacement adequately. Given all of this the request for L5-

S1 fusion cannot be recommended as medically necessary. Since surgery is not indicated there would not be justification for an LSO brace.

Official disability Guidelines Treatment in Worker's Comp 2007 Updates, Low Back-Artificial Disc:

Not recommended at this time for either degenerative disc disease or mechanical low back pain.

At the current time radiculopathy is an exclusion criteria for the FDA studies on lumbar disc replacement

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.

Tropiano P, Huang RC, Girardi FP, Cammisa FP, Marnay T: Lumbar Total Disc Replacement: Seven to Eleven Year Follow-Up. The Journal of Bone and Joint Surgery, Volume 87-A, Number 3, March 2005

IRO REVIEWER REPORT TEMPLATE -WC

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
 - AHCPH- 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)
- Tropiano P, Huang RC, Girardi FP, Cammisa FP, Marnay T: Lumbar Total Disc Replacement: Seven to Eleven Year Follow-Up. The Journal of Bone and Joint Surgery, Volume 87-A, Number 3, March 2005