

# MEDICAL REVIEW OF TEXAS

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**DATE OF REVIEW:**           **MAY 3, 2007**

**IRO CASE #:**

## **DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

L5 artificial disc replacement

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

MD, Board Certified in Neurosurgery  
Member of the American College of Surgeons

## **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**

1. Packet of Texas Department of Insurance forms describing previous reviewers' impressions as well as requests for additional reviews.
2. Clinic notes dictated by Dr. from 3/6/07 to 3/27/07.
3. Dated 2/6/07, Dr. recommending an L4 and L5 fusion with interbody fusion at L4 and L5.
4. D.C., from ongoing.

5. Discogram from 5/11/06 describing partially concordant L5 pain.
6. MRI of the lumbar spine dated xx/xx/xx describing moderate degenerative joint hypertrophy at L5 among other abnormalities.
7. EMG 6/24/05 describing a left S1 radiculopathy as evidenced by increased insertional activity predominantly in the lower paraspinus muscles.
8. MRI of the lumbar spine 5/9/05 describing an extruded left L5 HNP displacing the left S1 nerve root.
9. Dr. second opinion dated 12/13/06 describing this patient as being a very poor candidate for any surgical intervention secondary to the fact that the discogram is only partially concordant and the patient has multiple Waddell signs.
10. Surgical opinion from Dr. dated 11/27/06 describing no surgical recommendations because the patient was specifically desirous of an artificial disc replacement.
11. What appears to be an IME dated 10/31/06 by Dr., describing the patient as not being at MMI.

#### **PATIENT CLINICAL HISTORY [SUMMARY]:**

This gentleman with a past medical history of old polio and a previous lumbar laminectomy in 2000 for radicular pain was in good condition until his injury. Specifically he denies any type of back or radiating leg pain. On that day he was bent over working on a pipe when the wrench slipped. He felt a sharp and sudden low back pain which apparently continues to date. Initially, he also had left radicular symptoms, which in a short time responded to three epidural steroid injections. I don't have any direct information on this; this is historical information from Dr. office notes. The patient apparently had extensive chiropractic manipulations and alluded to other forms of management that did not alleviate the persisting low back pain. He has had a number of surgical opinions, not all of which are included in this chart but are alluded to within the body of the letter that has been forwarded to my office. He was initially seen by Dr. on 11/27/06 for a surgical opinion. The patient came in and specifically requested an artificial disc. As Dr. did not do that, he recommended that the patient be evaluated by Dr. This was done on 12/13/06. At this point, Dr. felt that the patient was a very poor candidate for any surgical intervention secondary to the fact that the discogram that he had received was only partially concordant and the fact that the patient has multiple Waddell signs. Not content with this, the patient continued on with other attempts at surgical repair. He was seen on 2/6/07 in the by Dr. who recommended an L4 and L5 fusion with interbody fusions at four and five. Not content with this, the patient

found his way to, Dr., where he was seen on 3/6/07 and again on 3/27/07. At this point, the patient did find a physician who was willing to perform an artificial disc replacement at L5. This is where we stand now.

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

While on paper, this patient fulfills all of the FDA and OMDG Guidelines for an artificial disc: including the diagnosis of degenerative disc disease at L4 and L5, patient is between the ages of 18 and 60, patient is suffering from low back pain as the major complaint rather than leg pain, has not responded to a minimum of 6 months of conservative management, is a candidate for spine surgery. However, when we begin to look at the specifics here; this patient is of course a Workman's Comp claim and while that does not immediately exclude him from spine surgery, including arthroplasty, it does raise the bar somewhat, and in situations like this, everything must be true to form. Unfortunately, this gentleman is not. His discogram, for which most of the recommendations are made, is noted to be only partially concordant. Further, the patient's MRI scan finds him to have what is described as moderate degenerative joint hypertrophy at L5. This is one of the contraindications for artificial disc replacement. Further, his EMG is somewhat suspect as well, as we are finding only insertional activity in paraspinus muscles and in addition, this gentleman has polio and some of these changes as far as denervation, are to be expected just as a baseline. The next disqualifying factor is that this patient smokes. This has been shown in numerous studies to decrease any successful outcome, either arthrodesis or arthroplasty. And finally, one of the second opinion physicians found that this patient has multiple Waddell signs which of course is a strong negative predictor of ultimate outcomes of back surgery.

## Medical Review of Texas

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### **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)