



DATE OF REVIEW: 05/06/07

IRO CASE #:

DESCRIPTION OF THE SERVICE OF SERVICES IN DISPUTE:

Charite artificial disc replacement, L3/L4 and L4/L5 with fusion of L5/S1

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., orthopedic surgeon with experience in the evaluation and treatment of patients with spine dysfunction

REVIEW OUTCOME:

“Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED FOR REVIEW:

1. Treating surgeon's records
2. Carrier's records

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

This female suffered a lifting and twisting injury to her lumbar spines. She has persistent lumbar pain and reports significant disability. Non-operative management has been ineffective in alleviating her symptoms. Her diagnosis appears to be multilevel degenerative disc disease based on discogram.

ANALYSIS AND EXPLANATION OF THE DECISION, INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT DECISION:

The Charite disc arthroplasty procedure currently is felt to be experimental in this country, though it has been performed extensively. There are no long-term studies with large numbers of patients to suggest that this procedure is in any way superior to fusion when compared utilizing outcome methods. It has been approved for and is generally

limited to single-level diagnoses and the hybrid procedure of multiple levels of disc arthroplasty combined with fusion has not been performed adequately to be justifiable. Though spondylolisthesis has been mentioned in the medical record, there is no documentation to suggest such diagnosis.

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

(Check any of the following that were used in the course of your review.)

- 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 national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines:
Frymoyer, Adult Spine, Second Edition.