

RYCO MedReview

Notice of Independent Review Decision

DATE OF REVIEW: 11/13/07

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

L4-L5 total disc arthroplasty

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

Board Certified in Orthopedic Surgery

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.

L4-L5 total disc arthroplasty - Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Unknown lumbar studies from an unknown provider (no name or signature was available) dated 05/02/05

A radiographic biomechanical report from M.D. dated 05/18/05

An MRI of the lumbar spine interpreted by M.D. dated 03/22/06

Evaluations with P.A.-C. for D.O. dated 04/11/06, 04/25/06, 06/27/06, 02/20/07, 04/26/07, 07/05/07, 08/02/07, and 09/25/07

A whole body bone scan interpreted by (no credentials were listed) dated 05/30/06

A Required Medical Evaluation (RME) with M.D. dated 06/19/06

Evaluations with Dr. dated 07/25/06, 10/31/06, 12/01/06, 12/21/06, 01/23/07, 05/24/07, and 08/30/07

An operative report from Dr. dated 12/06/06

A discharge summary from Dr. dated 12/09/06

An unknown test with D.C. dated 04/17/07

A Designated Doctor Evaluation with M.D. dated 06/05/07

A lumbar discogram interpreted by M.D. dated 08/14/07

A telephone conversation with M.D. dated 08/16/07

An insurance verification form dated 09/05/07

Letters of denial from M.D., according to the ODG Guidelines, dated 09/11/07 and 10/02/07

The ODG Guidelines were not provided by the carrier or the URA

PATIENT CLINICAL HISTORY [SUMMARY]:

On 05/18/05, Dr. assigned the patient a 7% whole person impairment rating. An MRI of the lumbar spine interpreted by Dr. on 03/22/06 revealed spondylosis at L4-L5 and L5-S1, a disc protrusion at L4-L5, and a slight annular bulge at L5-S1. On 04/11/06, Mr. recommended Celebrex, Flexeril, Ultram, a lumbar corset, a neural stimulator, and MRIs of the thoracic and lumbar spines. A bone scan interpreted by Dr. on 05/30/06 revealed increased uptake over the right posterior C4 vertebral body. On 06/19/06, Dr. recommended lumbar spine surgery. On 07/25/06, Dr. felt the patient was not at Maximum Medical Improvement (MMI) and recommended lumbar surgery. A lumbar arthrodesis with instrumentation was performed by Dr. on 12/06/06. On 02/20/07, Mr. recommended continued physical therapy and Ariat shoes. On 04/26/07, Mr. recommended Celebrex, Lyrica, Flexeril, and an unknown pain medication. On 06/05/07, Dr. placed the patient at MMI with a 5% whole person impairment rating. On 08/02/07, Mr. recommended a lumbar discogram CT scan and Zanaflex and he also felt the patient was not at MMI. A lumbar discogram interpreted by Dr. on 08/14/07 revealed discordant discomfort at L4-L5 only. On 08/30/07, Dr. recommended a total disc replacement at L4-L5 or a discectomy and fusion. On 09/11/07 and 10/02/07, Dr. wrote letters of denial for the lumbar spine surgery.

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

This patient had a history of an unstable L5-S1 spondylolisthesis that was treated surgically. The patient initially did well, but then had the delayed onset of pain. A discogram was performed that revealed two things. First, there were degenerative changes at L4-L5 that had been noted before the initial surgery. Secondly, it noted there were areas of demineralization around the cage, consistent with the early use of bone morphogenic protein product. Bone morphogenic protein product takes a long time to incorporate in the intervertebral space.

At this time, there are several reasons that L4-L5 disc arthroplasty is neither reasonable nor necessary. First, the patient had evidence of symptom magnification with a physical examination being performed by , M.D. on 06/05/07 revealing weakness not explained by any anatomic lesion. The fact that the patient's symptoms have continued may or may not be related to the degeneration at L4-L5. It has been shown that discography is unreliable in the definition of discogenic pain. Eugene Carragee, M.D., published a paper in *The Journal of the Spine* in 2006, in which he took individuals with "gold standard" positive findings for disc degeneration and treated him surgically. He did not do well.

Further, there is no scientific evidence that a disc arthroplasty can be used in conjunction with a prior posterior/interbody fusion. While there is some antidotal evidence in the current literature, there are no perfected studies with good end points and no large populations that have been evaluated scientifically. To this date, the medical evidence does not support the use of disc arthroplasty except in a single level situation, when the rest of the spine is pristine. That is certainly not the case in this individual.

Therefore, due to the lack of scientific evidence and the unreliable nature of discography, it is neither reasonable nor necessary to perform an L4-L5 disc arthroplasty in this patient.

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)

The Journal of the Spine in 2006, Eugene Carragee, M.D.