MATUTECH, INC.

PO Box 310069
New Braunfels, TX 78131
Phone: 800-929-9078
Fax: 800-570-9544

DATE OF REVIEW: OCTOBER 1, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Total disc replacement at L5-S1 for postlaminectomy syndrome.

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
The physician providing this review is a board certified Orthopaedic Surgeon.

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

x Upheld (Agree)

Medical documentation does not support the medical necessity of Total disc replacement at L5-S1 for postlaminectomy syndrome

INFORMATION PROVIDED TO THE IRO FOR REVIEW:
Medical Center:
- _ Clinic notes (02/21/07 – 04/03/07)
- _ Radiodiagnostic studies (01/31/07)
- _ Procedure note (07/31/06)

Insurance Co:
- _ Clinic notes (04/10/07)
- _ Medical review, DDE (04/04/07)
- _ Utilization reviews (04/16/07 – 05/07/07)

PATIENT CLINICAL HISTORY [SUMMARY]:
The patient is a male who injured his lower back at work on xx/xx/xx, while picking up a valve at work. The injury led to annular tear and central disc herniation at L5-S1.

M.D., recommended total disc replacement which was denied by the carrier.

On July 31, 2006, Dr. performed microdiscectomy at L5-S1 on the right.

Magnetic resonance imaging (MRI) of the lumbar spine obtained in January 2007 revealed disc desiccation at L5-S1 with some postoperative changes and enhancement of the posterior margin of the L5-S1 disc. , M.D., noted continued low back and bilateral leg pain. The patient was on Lyrica and hydrocodone. Dr. assessed failed lumbar surgery and discussed treatment options including spinal stimulator placement, morphine pump,

increasing strength of pain medications, chronic pain management program (CPMP), and bilateral S1 selective epidural steroid injection (ESI).

In April, Dr. recommended total disc replacement at L5-S1 (ProDisc lumbar) as the patient continued to complain of pain. The patient had also gained almost 30 pounds.

M.D., a designated doctor, assessed clinical maximum medical improvement (MMI) as of March 5, 2007, and assigned 20% whole person impairment (WPI) rating. In a functional capacity evaluation (FCE), the patient met the requirements of his job.

Per Dr., the patient had significant increase in low back and bilateral leg pain, with inability to sit, stand, or do any activity without pain. He noted that the request for a disc replacement had been denied. He increased the dose of Duragesic patch.

On April 16, 2007, the request for L5-S1 disc replacement surgery was denied. Rationale: *The patient has failed to improve after microdiscectomy; however, recent MRI showed no neural impingement from L5-S1. Based on the clinical information submitted for this review and using the evidence-based and peer-reviewed guidelines, the request is not indicated.*

On May 7, 2007, an appeal for reconsideration of surgery was denied. Rationale: *The patient has persistent back and leg pain following the L5-S1 microdiscectomy. He had an MRI in January 2007 that showed postoperative changes with mild loss of disc height and no neural impingement. Although disc replacement surgery appears promising based upon short-term follow-up in peer reviewed literature, most would agree that this is not yet a mainstream surgical procedure and additional studies are needed to more conclusively assess long-term outcomes.* ***Criteria used in analysis: Official Disability guidelines Fifth Edition Treatment in Worker's Comp 2007 Update, Low Back-Disc Prosthesis (Disc replacement is considered a controversial and unproven alternative to fusion surgery)***

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. TOTAL DISC ARTHROPLASTY IS FAIRLY CONTROVERSIAL IN THE TREATMENT OF DEGENERATIVE DISC DISEASE. MULTIPLE PEER REVIEW ARTICLES HAVE FAILED TO REVEAL SIGNIFICANT BENEFIT AS OPPOSED TO SURGICAL FUSION. ALTHOUGH FUTURE RESEARCH MAY FURTHER DELINEATE THE INDICATIONS AND CONTRAINDICATIONS FOR TOTAL DISC ARTHROPLASTY, IT REMAINS TO BE THE STANDARD FOR THE TREATMENT OF DEGENERATIVE DISC DISEASE. IN ADDITION, TDA FOR THE TREATMENT OF POST-LAMINECTOMY SYNDROME IS CERTAINLY NOT STANDARD AS THERE IS A DEFICIENCY OF THE POSTERIOR ELEMENTS OF THE SPINE. THIS MAY THEORETICALLY LEAD TO FURTHER INSTABILITY AND DISABILITY OF THE LUMBAR SPINE.

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

- X **MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- X **ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**