

# True Resolutions Inc.

An Independent Review Organization  
835 E. Lamar Blvd. #394  
Arlington, TX 76011  
Fax: 214-276-1904

**DATE OF REVIEW:** SEPTEMBER 17, 2007

**IRO CASE #:**

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

Pro Disc arthroplasty L4-5 with one day stay

**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)

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Office notes of Dr. 10/11/06, 11/07/06,  
Consult with Dr. 11/07/06  
Operative report 11/09/06  
X-rays 11/09/06  
Office notes of Dr. 11/21/06, 12/13/06, 01/16/07, 04/03/07, 06/19/07, 07/18/07  
Behavioral Medicine evaluation 04/17/07  
Discogram, Lumbar 06/06/07  
Request for surgery and 1 day length of stay 07/03/07  
Review: 07/10/07  
Review 08/09/07  
Office note of Dr. 08/15/07  
Letter, Dr. r 08/15/07  
No ODG Guidelines

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The claimant is a xx year-old male who sustained a low back injury on xx/xx/xx while he and another worker were attempting to align a dumpster on its track and all the weight came down on the claimant. He reported axial low back pain with radiation down the left leg to the lateral calf. He treated with medications, including one month of steroids and chiropractic modalities. There is indication of an ulcer history and an allergy to Ibuprofen. The claimant is a pack a day smoker. Radiographs from 10/11/06 noted left pseudoarticulation to the sacrum with normal right transverse processes and fifty percent decrease in anticipated height at L5-S1 on dynamic imaging with no instability. There was reference to MRI evaluation from 07/26/06 that indicated L4-5 decreased hydration and left disc herniation that deformed the thecal sac and appeared to interfere with the exiting foramen on the left. He underwent left L4-5 laminotomy and discectomy with decompression of the left L5 root on 11/09/06. The claimant reported complete resolution of his left lower extremity symptomatology postoperatively with increased mechanical back pain. He treated with narcotic analgesia, Lyrica and a walking program. Radiographs performed on 01/16/07 again noted a large left sided pseudoarticulation with the sacrum and decreased height at both lower segments. On 01/16/07 the claimant attempted to decrease his medication use and started an aggressive therapy program. He remained off work. He continued to report progressively worsening back pain. A psychiatric evaluation was completed on 04/17/07 and noted that the claimant demonstrated pain sensitivity and depressive features. He was cleared for surgery with a fair prognosis. A lumbar discogram was conducted on 06/06/07 with a normal L3-4 level, concordant L4-5 level with degeneration and a mildly concordant L5-S1 level without classic discogenic pain and with a small contained fissure. On 08/15/07 the claimant indicated he did not do well with Kadian and was changed to Norco and required the use of a cane. A single level disc replacement has been recommended.

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

The claimant presented with L4-5 disc degeneration as well as an associated disc herniation that resulted in both axial low back and left radicular symptoms. Appropriate conservative modalities failed to provide significant relief. He underwent surgical intervention on 11/09/06 that offered some initial resolution of his radicular symptoms but caused increased mechanical back pain possibly related to postoperative instability. Additional conservative management in the way of medications, physical therapy and activity modification failed to offer any significant relief. Dr. felt the claimant was an excellent candidate for Pro Disc arthroplasty. While the claimant does present with L4-5 disc degeneration, positive discogenic pain, use of a cane and requires narcotic analgesia; treatment including artificial disc replacement remains investigational without long-term peer review support. There are some studies that have shown early promise and have demonstrated a low complication rate; however, additional information addressing the long term efficacy and mechanical failure rates of these devices are required before this would be considered a standardized or generally accepted procedure. Although ongoing research and study, such as the 2007 article provided by Dr. for review, is being conducted to establish alternatives to fusion, artificial disc replacement is not considered mainstream practice at this time.

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

**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)