

## **I-Decisions Inc.**

*An Independent Review Organization*

71 Court Street

Belfast, Maine 04915

(207) 338-1141 (phone)

(866) 676-7547 (fax)

### Notice of Independent Review Decision

**DATE OF REVIEW: AUGUST 3, 2008**

**IRO CASE #:**

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

1 Level L5/S1 Disc arthroplasty 22857 with 2 days LOS

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

MD, 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)

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.

The reviewer finds that medical necessity does not exist for 1 Level L5/S1 Disc arthroplasty 22857 with 2 days LOS.

#### **INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Adverse Determination Letters, 7/3/08, 7/16/08

ODG Guidelines and Treatment Guidelines

MS, LPC, 4/2/08, 2/20/08

Institute, 11/30/07, 3/13/08

MD, 7/2/08, 6/3/08, 4/4/08, 3/13/08, 2/20/08, 1/7/08, 12/7/07

MD, 6/10/08, 5/2/08, 12/18/07

MRI of Lumbar Spine, 8/13/07

Operative Note, 1/24/08

Radiographic Interpretation Note, 1/24/08  
Surgery Scheduling Slip/Checklist, 6/10/08

**PATIENT CLINICAL HISTORY [SUMMARY]:**

According to the medical records, this is an obese female injured on xx/xx/xx. She has undergone various treatments including epidural steroid injections, even though there is no indication of radiculopathy. She had an MRI scan, which showed a small L5/S1 disc herniation with annular tear but no herniation. A discogram with post discography CT scan revealed concordant pain reproduction at the L5/S1 level with an annular tear and also a grade 2-3 tear at the L4/L5 level, but the pain reproduction was stated to be discordant. She has undergone psychologic evaluation and manifested initially significant psychologic problems including problems with depression and coping strategies. This was apparently improved somewhat during the time period from 02/20/08 to 04/02/08. Current request is for a disc replacement at L5/S1. The MRI scan also reveals some mild facet arthrosis changes at L5/S1.

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

The ODG Treatment Guidelines do not endorse the use of disc arthroplasty. The FDA protocol requires that the facets be free of any arthrosis. The ACOEM Guidelines also do not endorse the use of disc arthroplasty. This, in conjunction with the patient's borderline psychological situation and abnormalities of the L4/L5 disc, results in this reviewer upholding the previous adverse determinations. The reviewer finds that medical necessity does not exist for 1 Level L5/S1 Disc arthroplasty 22857 with 2 days LOS.

**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 KNOWLEDGBASE
- 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)**