

RYCO MedReview

Notice of Independent Review Decision

DATE OF REVIEW: 03/12/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Total disc replacement at L4-L5 and L5-S1

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.

Total disc replacement at L4-L5 and L5-S1 - Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

A record dated 05/26/06
An Employer's First Report of Injury or Illness form
Evaluations with M.D. dated 01/31/07, 02/26/07, 03/15/07, 06/14/07, 08/15/07, 09/12/07, 11/02/07, and 12/17/07

X-rays of the thoracic spine, ribs, right shoulder, and lumbar spine interpreted by Dr. dated 01/31/07

A letter from R.N., Case Manager dated 02/12/07

An MRI of the right shoulder interpreted by M.D. dated 02/15/07

An MRI of the lumbar spine interpreted by Dr. dated 02/20/07

Computerized muscle testing (CMT) and range of motion testing with an unknown provider (no name or signature was available) dated 03/15/07, 09/12/07, 10/30/07, and 10/31/07

DWC-73 forms from Dr. dated 03/15/07, 06/14/07, 08/15/07, 10/31/07, and 11/02/07

Procedure reports from Dr. dated 05/15/07 and 07/25/07

An anesthesia record from an unknown provider (the signature was illegible) dated 05/15/07

Procedure orders from Dr. dated 06/20/07 and 08/20/07

An MRI of the thoracic spine interpreted by M.D. dated 06/22/07

Preoperative assessments with an unknown provider (the signature was illegible) dated 07/25/07 and 10/21/07

Nursing notes from an unknown nurse (the signature was illegible) dated 07/27/07

A letter from R.N. dated 09/21/07

A Designated Doctor Evaluation with M.D. dated 10/10/07

A lumbar discogram interpreted by Dr. dated 10/24/07

A post discogram CT scan interpreted by M.D. dated 10/24/07

Patient information sheets dated 10/31/07

Surgery reservation sheets dated 11/20/07 and 01/23/08

Workers' Compensation Bill dated 11/20/07

An enhanced interpretive report from an unknown provider (no name or signature was available) dated 12/05/07

A letter of non-authorization, according to the ODG, from M.D. dated 12/28/07

A letter of denial, according to an unknown source, from D.O. dated 01/22/08

A telephone conference report with Dr. dated 01/22/08

A letter of denial, according to the ODG, from Dr. dated 01/23/08

Undated information regarding the spine

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

PATIENT CLINICAL HISTORY [SUMMARY]:

On 05/26/06, wrote a letter of medical necessity for a lumbar discogram. On 01/31/07, Dr. recommended physical therapy, Ultram, Feldene, and Zanaflex. X-rays of the thoracic spine and ribs interpreted by Dr. on 01/31/07 were unremarkable. An MRI of the right shoulder interpreted by Dr. on 02/15/07 revealed a partial thickness tear in the distal supraspinatus tendon, a bone bruise in the humerus, bursitis/synovitis, and biceps tendon tenosynovitis. An MRI of the lumbar spine interpreted by Dr. on 02/20/07 revealed disc herniations at L4-L5 and L5-S1. On 03/15/07, Dr. performed a right shoulder steroid injection and recommended lumbar epidural steroid injections (ESIs). Lumbar ESIs were

performed by Dr. on 05/15/07 and 07/25/07. On 06/14/07, Dr. recommended an MRI of the thoracic spine, Ambien, and Lorcet. An MRI of the thoracic spine interpreted by Dr. on 06/22/07 was unremarkable. On 10/10/07, Dr. felt the patient was at Maximum Medical Improvement (MMI) with a 3% whole person impairment rating. A lumbar discogram interpreted by Dr. on 10/24/07 revealed concordant pain at L4-L5 and L5-S1. The post discogram CT scan interpreted by Dr. on 10/24/07 revealed a significantly limited evaluation at L5-S1 due to suboptimal imaging. On 11/02/07, Dr. recommended lumbar surgery. On 12/28/07, Dr. wrote a letter of denial for the surgery. On 01/22/08, Dr. also wrote a letter of denial for the lumbar surgery.

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

There are severe reasons why this surgery is inappropriate for this patient. First, the decision for surgery was made on discography, which is unreliable. Second, the results of the discography were interpreted in the most beneficial way to try to promote further surgery. In truth, this is a non-diagnostic discogram with non-concordant pain at one of the levels. Therefore, the results of the discogram are extremely unreliable and should not be used to plan surgery.

Third, the results of total disc arthroplasty for more than one level are very unpredictable. The largest series published by Matthew Scott-Young, M.D., from Australia, indicate that the results are strictly dependent upon patient choice and upon surgeon's excellence. The FDA has not approved a total disc arthroplasty for two levels and the scientific data in this country is lacking to prove its efficacy. Therefore, it is not reasonable to perform it in this circumstance.

There is no evidence that he requires any surgery at this time for his back pain. The idea of surgery, either an arthroplasty or fusion in somebody this age is not consistent with the best practice of medicine. Therefore, a total disc replacement at L4-L5 and L5-S1 would not be reasonable or necessary.

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)

Series published by Matthew Scott-Young, M.D