



Notice of Independent Review Decision
PEER REVIEWER FINAL REPORT

DATE OF REVIEW: 7/24/2009
IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
(ADR) Artificial Disc Arthroplasty Decompression L4-S1

QUALIFICATIONS OF THE REVIEWER:

This reviewer graduated from University of Maryland School of Medicine and completed training in Orthopaedics at University Hospital at Case Western Reserve. A physicians credentialing verification organization verified the state licenses, board certification and OIG records. This reviewer successfully completed Medical Reviews training by an independent medical review organization. This reviewer has been practicing Orthopaedics since 2004.

REVIEW OUTCOME:

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

- X Upheld (Agree)
Overtured (Disagree)
Partially Overtured (Agree in part/Disagree in part)

(ADR) Artificial Disc Arthroplasty Decompression L4-S1 Upheld

INJURED EMPLOYEE CLINICAL HISTORY [SUMMARY]:

This injured employee is a xx year old male who reportedly fell through a roof and sustained injury on xx/xx/xx. Notes indicate he has undergone physical therapy and facet injections. MRI on 12/3/2008 has indicated multi-level disc protrusion with a retrolisthesis of some mild degree at L3-4. The provider has recommended artificial disc arthroplasty for this injured employee.

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

The claimant is a xx year old male who sustained a back injury on xx/xx/xx when he fell through a roof. The claimant has undergone conservative treatment including physical therapy, NSAIDs, and facet injections and is still complaining of back pain which is worsening.

The initial consultation by Dr. on 2/9/2009 was a diagnosis of degenerative disc disease with mild retrolisthesis at L3-4 and facet syndrome. The patient is overweight with a BMI greater than 35. His physical exam was normal gait, full strength and sensation bilateral lower extremities, negative straight leg raise (SLR), seated and supine.

Radiographs (flexion/extension films) were completed on 2/9/2009 with mild retrolisthesis at L3-4. MRI revealed DJD at L3-4, L4-5 and facet DJD, mild retrolisthesis of L3-4, and no acute process of disc herniation. The claimant also had a discogram with no pain at L3-4, which is the supposed level of instability, as well as concordant pain at L4-5 and pressure at L5-S1.

The changes described in the MRI identify degenerative disc disease and mild instability and no acute disc herniation. In addition, with instability of retrolisthesis noted and degenerative disease of the disc and facet, the request for disc replacement does not meet ODG criteria. There are more complications with multilevel disc arthroplasty as noted in the literature, and the request for level L4-S1 would end the surgery below the L3-4 level, which on flexion extension films was noted to be unstable. The patient most likely would have significant adjacent

Name: Patient_Name

level pain and progression of disease. The denial should be upheld as the request is not considered medically 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
- X** 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
- X** PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)

Siepe CJ, Mayer HM, Heinz-Leisenheimer M, Korge A. Total lumbar disc replacement: different results for different levels. Spine (Phila Pa 1976). 2007 Apr 1;32(7):782-90.

Siepe CJ, Mayer HM, Wiechert K, Korge A. Clinical results of total lumbar disc replacement with ProDisc II: three-year results for different indications. Spine (Phila Pa 1976). 2006 Aug 1;31(17):1923-32.