

SENT VIA EMAIL OR FAX ON
May/18/2009

Pure Resolutions Inc.

An Independent Review Organization
1124 N Fielder Rd, #179
Arlington, TX 76012
Phone: (817) 349-6420
Fax: (512) 597-0650
Email: manager@pureresolutions.com

DATE OF REVIEW:
May/15/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Open anterior lumbar interbody fusion and lumbar artificial disc replacement L3/5 and L5/S1 with 3 day LOS

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

OD Guidelines
Office notes, Dr. 10/30/00, 11/08/00
Lumbar spine X-rays, 01/15/08
Office notes, Dr. 01/15/08, 05/14/08, 06/02/08, 10/08/08
Operative report, Dr. 04/10/08
PT notes, 05/01/08 to 5/28/08
MRI lumbar spine, 06/03/08
Office note, Dr. 06/17/08, 09/18/08
MRI lumbar spine, 09/17/08
EMG, 10/03/08
Office note, Dr 02/18/08
Lumbar flexion and extension X-rays, 12/18/08
Office notes, Dr. 02/09/09, 04/01/09
Peer review, Dr. 03/10/09
Peer review, Dr. 04/10/09
Peer review, Dr. 04/20/09

PATIENT CLINICAL HISTORY SUMMARY

This is a male that was status post 2003 L5-S1 partial hemilaminectomy. The xx-xx-xx lumbar spine x-rays showed degenerative changes at lumbosacral junction and no acute

abnormality. The MRI of the lumbar spine from 06/03/08 showed L4-5 disc was dehydrated. There was a 2.2-millimeter disc protrusion in the right paracentral portion of the L4-5 disc space compressing the thecal sac and abutting the origin of the right L5 nerve root. The L3-4 disc was dehydrated. A 1.6-millimeter right paracentral disc protrusion was present that mildly compressed the thecal sac. Previous left laminectomy and discectomy at L5-S1 with postoperative changes at the disc space and ventral epidural space. No recurrent disc herniation was present. Foraminal narrowing at L5-S1 greater on left side than the right and severe loss of disc height with dehydration in L5-S1 disc was present. There were spondylotic endplate changes involving the inferior endplate of L5 present. On 06/17/08, Dr. performed lumbar sacral spine x-rays including flexion and extension views which showed degenerative changes at L5-S1 with loss of disc height and vacuum disc phenomenon and no instability. The MRI of the lumbar spine from 09/17/08 showed scar tissue at the left half of the thecal sac which encased the descending left S1 nerve root, no recurrent disc herniation, fracture of the right L5 pedicle with significant edematous changes in the adjacent marrow which was felt to represent a stress type fracture. At L4-5, a broad based right posterior central disc protrusion approximates the descending right L5 nerve root as it arises from the thecal sac without definitely compressing it with patient supine. At L3-4, there is diffuse bulging of the annulus with a posterior central annular tear. The 10/03/08 electromyography showed mild demyelinating left tibial motor neuropathy and mild demyelinating peripheral neuropathy. The 12/18/08 flexion and extension x-rays of the lumbar spine showed degenerative narrowing at the lower two lumbar disc levels.

Review of the records indicated that this claimant has treated primarily for back pain. The most recent exam on 02/09/09 revealed negative straight leg raise and intact reflexes. The MRI and x-rays were reviewed by the treating physician. Diagnosis was axial low back pain secondary to internal disc derangement of L4-5 level with right sided herniation. Recommendation was for L4-5 and L5-S1 stabilization and artificial disc. The claimant has been treated with physical therapy, epidural steroid injection for temporary relief and medications. The claimant continues to complain of primarily low back pain.

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

Based on review of the records there is no medical necessity for the requested lumbar fusion. There is no documentation of a progressive neurologic deficit, infection, tumor, or instability to support a fusion. Back pain alone is not a good indicator for fusion. The artificial disc has also been requested. As noted by the Official Disability Guidelines Treatment in Workers' Comp 2009 Updates, low back chapter, "On August 14, 2006, the FDA approved the ProDisc® Total Disc Replacement by Synthes Spine, Inc. While disc replacement as a strategy for treating degenerative disc disease has gained substantial attention, it is not currently possible to draw any conclusions concerning disc replacement's effect on improving patient outcomes. The studies quoted above have failed to demonstrate a superiority of disc replacement over simple fusion for the limited indications for surgical treatment of lower back pain. Thus disc replacement is considered a controversial and unproven alternative to fusion surgery". The requested surgical procedure is not medically necessary and is not recommended at this time.

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

ACOEM-AMERICA 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 ERVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)