



DATE OF REVIEW: 10/17/09

IRO CASE #:

DESCRIPTION OF THE SERVICE OF SERVICES IN DISPUTE:

Lumbar ADR (artificial disc replacement)

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., board certified orthopedic surgeon with extensive experience in the evaluation and treatment of patients suffering spine problems

REVIEW OUTCOME:

“Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED FOR REVIEW:

1.

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

This a male who has a past history of lumbar spine injury occurring several years prior to this most recent episode. He underwent laminectomy at L5/S1 on the right side in 2001. On xx/xx/xx while attempting to lift a heavy object, he suffered the acute onset of low back pain and left leg pain. He has had persistent periodic severe pain including root signs of straight leg raising positive and numbness in the L5/S1 dermatomes of the left leg. He has been evaluated by a number of occasions by Dr. , Dr. , and Dr. at the Back Institute. His special studies have suggested degenerative disc disease, and acute bilateral L5 radiculopathy was demonstrated on electrodiagnostic studies on 02/28/09. The patient has received a recommendation for artificial disc replacement at L5/S1. This recommendation has been considered and denied, reconsidered and denied. In addition to the standard treatments with medications, physical therapy, activity modifications, and TENS unit, the patient has received a number of local nerve and facet joint blocks in the region of L3, L4, and L5 over a protracted period of time between 03/27/08 and 03/24/09.

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

This patient has symptoms suggestive of acute exacerbation of degenerative disc disease described frequently as post lumbar disc surgery syndrome. He may have suffered a recurrent herniated disc at the level of L5/S1, and he has findings suggestive of radiculopathy. The request to perform artificial disc replacement has been denied on the basis that the ODG does not support this recommendation. It is not recommended. The procedure is, at this time, considered experimental. Furthermore, there is an exclusion for the surgical procedure of artificial disc replacement for patients who have radiculopathy. The prior denials appear to have been appropriate and should be upheld.

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

(Check any of the following that were used in the course of your review.)

_____ 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, 2009, Low Back Chapter, artificial disc replacement passage
- Pressley Reed, The Medical Disability Advisor.
- Texas Guidelines for Chiropractic Quality Assurance & Practice Parameters.
- Texas TACADA Guidelines.
- TMF Screening Criteria Manual.
- Peer reviewed national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)