

SENT VIA EMAIL OR FAX ON
Oct/21/2010

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

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Oct/15/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Inpatient Artificial Replacement Lumbar L4/5, L5/S1 LOS 1 day

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

Operative Report: 06/22/06

Dr. OV: 10/12/09, 03/01/10, 04/05/10, 06/03/10

Dr. OV: 05/26/09, 06/23/09, 01/12/10, 03/30/10, 04/13/10, 06/08/10, 09/28/10

MRI Lumbar spine: 09/04/08, 04/08/10

Peer Review: Non-certified Disc replacement: 08/30/10, 09/15/10
report: 12/29/09

Referral Form

Certification of independence of reviewer

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male who sustained a work related injury to his low back on xx/xx/xx. Neither the mechanism of injury nor the initial diagnosis was provided. The claimant underwent an intradiscal electrothermal therapy at L4-5 and L5-S1 on 06/22/06. Post-operatively the claimant developed discogenic syndrome at L4-5 and L5-S1 and complained of chronic low back pain. The claimant saw Dr. for pain management as well as Dr..

Dr. felt the claimant was a candidate for an artificial disc since he did not want to have a fusion. In March of 2010, the claimant began to have increasing back pain with right thigh numbness down into his knee. Dr. started him on Neurontin and recommended a new MRI. This was done on 04/08/10 and showed the degenerative disease of the lumbar spine had not significantly changed since the previous examination. The most focal finding was a disc and osteophyte complex in the far lateral position on the left that did touch the L5 nerve root. The artificial disc was non-certified twice by peer review as evidence based guidelines do not support a disc prosthesis. Dr. has appealed the decision as he has been doing artificial disc replacements since 2000 and does not feel they are experimental. He noted that the revision rate is much less than that of a fusion and benefits have been well documented.

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

The request is for artificial replacement, L4-5 and L5-S1 with a one-day length of stay. There is no justification for an artificial disc prosthesis. As documented by ODG, there is no long-term evidence demonstrating the efficacy and safety of an artificial disc prosthesis in treating back pain.

Official Disability Guidelines Treatment in Worker's Comp, 15th edition, 2010 Updates. Low Back: disc prosthesis

Not recommended in the lumbar spine

Recent research: A recent high quality meta-analysis/health technology assessment concluded that there is insufficient evidence to draw extensive efficacy/effectiveness conclusions comparing artificial disc replacement (ADR) with a broad range of recommended treatment options, including conservative nonoperative care, since, other than spinal fusion, there are currently no direct comparison studies. *Effectiveness - Lumbar Spine:* With respect to the comparison of lumbar artificial disc replacement (L-ADR) and fusion, overall clinical success was achieved in 56% of patients receiving L-ADR and 48% receiving lumbar fusion. Though the results suggest that 24-month outcomes for L-ADR are similar to lumbar fusion, it should be noted that for the lumbar spine, the efficacy of the comparator treatment, lumbar fusion, for degenerative disc disease remains uncertain, especially when it is compared with nonoperative care. Given what is known about lumbar fusion as a comparator and having evidence that only compares L-ADR with lumbar fusion limits the ability to fully answer the efficacy/effectiveness question. ([Zigler, 2007](#)) ([Blumenthal, 2005](#)) ([Dettori, 2008](#)) Although there is fair evidence that artificial disc replacement is similarly effective compared to fusion for single level degenerative disc disease, insufficient evidence exists to judge long-term benefits or harms. ([Chou, 2009](#))

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 REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

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