

# MATUTECH, INC.

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## Notice of Independent Review Decision

**DATE OF REVIEW:** March 21, 2011

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Lumbar arthroplasty at L4-L5

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION**

Diplomat, American Board of Orthopaedic Surgery  
Fellowship trained in spine surgery

**REVIEW OUTCOME**

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

Upheld (Agree)

Medical documentation **does not support** the medical necessity of the health care services in dispute.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

**D.O.**

- Office notes (09/02/09 – 02/24/11)
- MRIs (07/21/09 & 01/17/11)
- PPE/FCE (12/02/10)
- Utilization reviews (02/14/11 & 02/24/11)

**TDI**

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**ODG has been utilized for the denials.**

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a female who injured her back in xx/xx when she moved a . The patient complained of severe back pain going to her legs.

She was initially seen by Dr. a chiropractor, who provided chiropractic treatment and spinal decompression. However, this caused more pain.

Magnetic resonance imaging (MRI) showed a large left paracentral annular tear at L4-L5 and a 5-6 mm left paracentral discal substance protrusion that prominently indented the thecal sac. There was mildly reduced innerspace widths and drying of disc substance.

She was examined by D.O., who noted she was not on any pain medications since she was nine weeks' pregnant. She rated her back pain as 9/10 and leg pain as 10/10. She also had increased back pain with Valsalva. Her walking was limited to less than a block. Examination revealed decreased range of motion (ROM) of the lumbar spine, generalized tenderness along the left lumbosacral junction and into the left upper buttock and positive straight leg raise (SLR) test on the left at 40 degrees in a sitting position that radiated pain up into her left low back. Supine SLR test was positive on the left at 60 degrees. Based on the findings, Dr. diagnosed left-sided back pain with left radicular pain secondary to large left-sided paracentral annular tear and protrusion at L4-L5. He stated the treatment was limited due to her pregnancy and prescribed no medications. She was asked to undergo physical therapy (PT) with Dr..

Per required medical examination (RME) report of October 2, 2009, the patient was not at maximum medical improvement (MMI).

On September 7, 2010, Dr. saw her again for ongoing pain issues after she had delivered her baby. She had had no treatment so far. She had absent deep tendon reflexes (DTRs) in the left patella and significantly positive SLR and decreased sensation in the L5 dermatome. Dr. started conservative treatment consisting of Medrol Dosepak, Celebrex, Zanaflex and some Vicodin for pain as well as PT and an epidural steroid injection (ESI). She underwent 12 sessions of PT and an ESI, which were of no benefit. Dr. added Norco and sent her for a new MRI to evaluate her for possible surgery.

On January 17, 2011, the MRI showed a central disc protrusion at L4-L5 measuring 4.5 mm anteroposterior producing moderate spinal stenosis narrowing the AP thecal sac diameter to 6 mm. This protrusion probably was slightly decreased in size compared to prior exam. There was a mild bilateral neuroforaminal narrowing, not significantly changed. Other levels were intact.

Dr. diagnosed internal disc derangement at the L4-L5 segment and annular tear and disc protrusion at L4-L5. He stated the patient had failed conservative management and hence offered artificial disc replacement at L4-L5.

A behavioral medicine evaluation on February 8, 2011, cleared her for surgery.

On February 14, 2011, M.D., denied the request for lumbar arthroplasty at L4-L5 with the following rationale: *"Medical record dated 01/27/11 showed persistent low back pain. Physical examination, as per PPE report dated 12/02/10, lumbar spine ROM is restricted with extension. There is also hypersensitivity noted at*

*the dermatome levels of right L4-S1. There is no clear documentation of the recent comprehensive clinical evaluation that would specifically correlate with the diagnosis of lumbar radiculopathy. The official results of recent electrodiagnostic studies of the lower extremities were not submitted in the review. Conservative management is the cornerstone in the initial treatment of low back pain. There was no documentation provided with regard to the failure of the patient to respond to conservative measures such as evidence-based exercise program and medications prior to the proposed surgical procedure including the objective response from the previous epidural steroid injection (ESI). Also there were no therapy progress reports that objectively document the clinical and functional response of the patient from the previously rendered sessions. With this, the necessity of the request could not be established at this time.”*

On February 24, 2011, Dr. stated that he did not feel the patient would benefit from a fusion procedure; she would be better served by artificial disc replacement which was an FDA-approved device and met all FDA criteria. Given the fact that she was so young, Dr. did not want fusion since new technology of artificial disc was available.

On February 24, 2011, M.D., non-certified the reconsideration placed for lumbar arthroplasty procedure with the following rationale: *“Records indicate that there was adverse determination of a previous review. In acknowledgment of the previous non-certification due to lack of documentation of failure of conservative treatments, there is now documentation that the patient has significant pain. MRI of the lumbar spine showed central disc protrusion at L4-L5 persists but appears minimally decreased in size compared to the prior examination. Moderate central spinal stenosis and mild bilateral neuroforaminal stenosis at L4-L5 level. Treatment has included physical therapy, injections, and medication. However, evidence-based guidelines do not consistently support artificial disc replacement as a recommended intervention in the management of primary disc disease. Therefore, the medical necessity of the proposed procedure has not been fully established.”*

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

I have had the opportunity to review the forwarded records regarding the patient. She is a lady who injured her low back in xx/xx moving a barrel of water. She had initial care with Dr. (D.C.). She also had an MRI completed of the lumbar spine which by report showed an L4-L5 left paracentral disc protrusion as well as an annular tear.

The patient was evaluated by Dr. (D.O.) who noted that she was pregnant and that she would be maintained on nonoperative care. He proposed that she continue with physical therapy with Dr.

The patient finished her pregnancy and returned to Dr. on 09/07/2010. He noted that she had an absent left patellar reflex and a positive straight leg raise on the left apparently and L5 dermatome sensory change. He ordered a Medrol Dosepak, Celebrex and Zanaflex.

On 10/14/2010, Dr. noted that she had an epidural steroid injection performed on 10/14/2010 with residual pain in her leg.

The patient had further follow-up with Dr. on 12/29/2010 for persistent pain and numbness in her leg. There was no thorough neurological assessment performed. He proposed that she would need to be set up for surgery but wanted the new MRI first.

On 01/18/2011, MRI of the lumbar spine was done at and read by Dr. (M.D.) who noted that she had a central disc protrusion at L4-L5 but appeared minimally decreased in size compared to the prior exam. There was a report of moderate central spinal stenosis and mild bilateral neuroforaminal stenosis.

On 01/27/2011 Dr. proposed that the artificial disc replacement would be her best option as she is only of age.

She underwent a behavioral medicine evaluation on 02/08/2011. She was considered an adequate candidate for surgical intervention.

There were two pre-authorization reviews, one by Dr. and further pre-authorization review; she was not considered an appropriate candidate for the surgery by Dr. (M.D.) as well as Dr. (M.D.).

The patient is only of age. The patient's latest MRI does show some decrease in the size of the disc herniation. The natural history for disc herniations is for some resolution over a period of time as per the prospective study in the orthopedic literature. The patient at age xx obviously has extended longevity much beyond what we have as far as durability of any artificial disc replacement. The ODG also does not support the utilization of this artificial disc replacement. Thus the request for this intervention in this patient is not considered a medical necessity. Thus the adverse determination is upheld.

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

**ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**