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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Sept/04/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Artificial Disc Replacement L4 w/ In Motion Disc and 3 Day Length of Stay

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

M.D. 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

Official Disability Guidelines

Peer Review Dr. MD 07/15/11

Peer Review Dr. MD Orthopedics: 08/11/11

MRI Report Lumbar: 09/03/10

EMG/NCS Report: 12/07/10

Lumbar Discogram: 03/30/11

Post Discogram CT LS Spine: 03/30/11

PT Evaluation & Notes: 08/19/10 to 09/09/10 (11 visits)

Office Notes Orthopedic Surgery Group: Drs. PA, 12/15/10, 11/17/10, 01/05/11, 01/12/11, 01/25/11, 02/07/11, 02/14/11, 03/21/11, 03/22/11, 04/20/11, 05/02/11, 06/09/11, 07/19/11

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male employed as an airline baggage handler who sustained injury to his lower back on 08/19/10 due to a slip and fall backwards landing on his buttocks. The diagnosis is low back pain, sciatica, L4-5 disc protrusion with posterior annular tear, sacroiliac joint pain and lumbar radiculitis right leg. The claimant had been treated conservatively by the physicians at the Orthopedic Surgery Group from 12/05/10 to the present. Treatment has included orthopedic care, pain management and surgical evaluations. Exam findings per Drs. were consistent with both L4 discogenic pain as well as right sacroiliac (SI) joint pain. These findings were pertinent for tenderness to palpation along the lumbosacral spine, positive straight leg raise test was negative seated and positive in the supine position at 45 degrees bilaterally. Forced motion of the LS Spine while in the supine position did cause some pain and discomfort with twisting towards the right or left. There were no signs of instability. Patrick's and lateral compression test were positive for pain and discomfort. Motor strength ranged from 4+/5 to 5/5 with deep tendon reflexes at 1/4 to 2/4 including patellar and Achilles testing. Sensory testing remained normal throughout all dermatomal patterns.

Diagnostic testing included an MRI of the lumbar spine without contrast on 09/03/10, which demonstrated mild lumbar spondylosis. At L4-5 there was mild canal stenosis with moderate

left foraminal narrowing. An EMG/NCS of the bilateral lower extremities done on 12/07/10 showed no evidence of radiculopathy either acute or chronic. A discogram with follow up CT scan of the lumbar spine done on 03/30/11 demonstrated concordant pain at the L4 level rated at seven with mild degeneration of the L4-L5 disc. There was minimal contrast extension to peridural space representing an annular tear.

The claimant failed conservative care, which included formal physical and aqua therapy, oral anti-inflammatory and analgesic medications, epidural steroid injections and activity restrictions. Sacroiliac joint injections were recommended but denied. Dr. recommended surgical intervention in the form of an artificial disc replacement at L4 to alleviate the claimant's pain and facilitate an early return to his physically heavy demanding job. Dr. opined that in lieu of the disc replacement the claimant's only other surgical option would be a lumbar interbody fusion from L3 to L5. The request for the disc replacement surgery has been denied per peer review on 07/15/11 and again on 08/11/11.

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

Disc prosthesis with respect to the lumbar spine is still considered experimental without long term follow up supporting their use. There is nothing to support the indication for such in this case. The reviewer finds that medical necessity does not exist for Artificial Disc Replacement L4 w/ In Motion Disc and 3 Day Length of Stay.

Official Disability Guidelines, Treatment in Worker's Comp 16th edition, 2011 Updates

Disc Prosthesis

Not recommended in the lumbar spine, but under study in the cervical spine, with recent promising cervical results. See the Neck & Upper Back Chapter for information on use in the cervical spine. Other than spinal fusion, there are currently no direct comparison studies, and artificial disc outcomes in the lumbar spine are about the same as lumbar fusion, but neither results have demonstrated superiority compared with recommended treatments, including nonoperative care. See separate document with all studies focusing on Disc prosthesis. Studies have concluded that outcomes in patients with disc disease are similar to spinal fusion. (Cinotti-Spine, 1996) (Klara-Spine, 2002) (Zeegers, 1999) (Blumenthal, 2003) (Zigler, 2003) (McAfee, 2003) (Anderson-Spine, 2004) (Gamradt-Spine, 2005) (Gibson-Cochrane, 2005)

Disc Prosthesis Neck & Upper back Chapter

Under study, with recent promising results in the cervical spine, but not recommended in the lumbar spine.

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)