



Notice of Independent Review Decision

IRO REVIEWER REPORT – WC NETWORK

DATE OF REVIEW: 03/22/12

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Anterior Artificial Disc Replacement L4-L5 and L5-S1
Pre-Operative Testing
Length of Stay 2 Days
Spinal Cord Monitoring
Surgical Assistant

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

Board Certified in Orthopedic Surgery

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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

Anterior Artificial Disc Replacement L4-L5 and L5-S1 – UPHELD
Pre-Operative Testing – UPHELD
Length of Stay 2 Days – UPHELD

Spinal Cord Monitoring – UPHELD
Surgical Assistant – UPHELD

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Initial Evaluation, 04/23/10
- DWC Form 73, 04/23/10, 04/30/10
- Physical Therapy Daily Notes, 04/26/10, 04/28/10, 05/03/10, 05/19/10, 05/26/10, 06/04/10, 06/23/10, 06/29/10, 07/06/10, 07/14/10, 07/19/10, 07/23/10, 07/30/10, 08/02/10, 08/04/10, 08/06/10, 08/09/10, 08/11/10, 08/16/10, 08/19/10
- Follow Up Evaluation, 04/30/10,
- Follow Up Evaluation, 05/10/10
- DWC Form 73, 05/10/10
- Follow Up Evaluation, M.D., 05/17/10, 05/25/10, 06/02/10
- DWC Form 73, 05/17/10, 05/25/10, 06/02/10
- Correspondence, 05/20/10
- Lumbar Spine MRI, 06/07/10
- Follow Up Evaluation, 06/09/10, 06/18/10, 06/25/10
- DWC Form 73, 06/09/10, 06/18/10, 06/25/10
- Office Visit, 06/18/10, 08/13/10, 01/17/11, 06/03/11, 09/22/11, 11/28/11, 01/26/12
- DWC Form 73, 06/18/10, 01/17/11, 06/03/11, 09/22/11, 11/28/11, 01/26/12
- Pain Management Evaluation, 06/21/10, 07/12/11
- Follow Up Evaluation, 07/02/10, 07/13/10, 07/27/10, 08/10/10, 08/17/10, 08/18/10, 08/24/10, 09/08/10, 09/23/10, 10/14/10, 11/05/10, 12/02/10, 12/30/10, 01/18/11, 02/10/11, 03/10/11, 03/24/11, 04/20/11, 05/05/11, 05/19/11, 06/02/11, 06/16/11, 07/07/11, 07/28/11, 08/10/11, 08/18/11, 09/08/11, 09/29/11, 10/13/11, 11/02/11, 11/18/11, 12/12/11, 01/09/12, 01/23/12, 02/06/12
- DWC Form 73, 07/02/10, 07/13/10, 07/27/10, 08/10/10, 08/17/10, 08/18/10, 08/24/10, 09/08/10, 09/23/10, 10/14/10, 11/05/10, 12/02/10, 12/30/10, 01/18/11, 02/10/11, 03/10/11, 03/24/11, 04/20/11, 05/05/11, 06/02/11, 06/16/11, 07/07/11, 07/28/11, 08/10/11, 08/18/11, 09/08/11, 09/29/11, 10/13/11, 11/18/11, 01/09/12, 01/23/12, 02/06/12
- Operative Report, 07/08/10, 09/01/11, 11/02/11, 12/12/11
- Epidural Steroid Injection (ESI), 07/08/10
- Pain Management Follow Up Evaluation, 07/26/10
- Initial Report, 09/15/10
- Confidential Diagnostic Interview, 09/20/10
- Physical Therapy, 10/25/10, 01/03/11, 01/04/11, 01/05/11, 01/06/11, 01/07/11, 01/10/11, 01/11/11, 01/12/11, 01/19/11, 01/20/11
- Progress Notes, 11/01/10, 11/09/10, 11/10/10, 11/15/10, 11/17/10, 11/30/10, 11/18/10, 11/23/10, 12/02/10
- Designated Doctor Evaluation (DDE), 12/07/10, 05/31/11
- Record Review, 12/12/10
- Correspondence, 01/20/11, 05/05/11

- Functional Capacity Evaluation Summary, 03/14/11
- Initial Evaluation, 03/14/11
- Initial Medical Report, 03/28/11
- DWC Form 73, 03/28/11
- Impairment Rating, 04/06/11
- Patient History/Intake Sheet, 05/17/11
- Electrodiagnostic Studies, 05/17/11
- Post Discogram CT Lumbar Spine, 09/01/11
- Follow Up Evaluation, 12/27/11
- DWC Form 73, 12/27/11
- Adverse Determination, 01/04/12, 01/20/12
- Carrier Submission, Law Offices of 03/08/12

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient was injured on xx/xx/xx while moving pipes for a lengthy period of time, which were apparently anchored or attached to concrete. He strained his back and felt a sudden pop. The patient had undergone an MRI that revealed a moderately large disc herniation at L5-S1, as well as a disc herniation at L4-L5. The L4-L5 herniation was a 5 mm disc protrusion at that level, which was deemed to result in bilateral L5 and possible L4 symptoms. There was no evidence on the MRI of a spinal stenosis of significance. He underwent conservative management with physical therapy and pain management. A lumbar discogram at levels L3-L4, L4-L5 and L5-S1 was performed. The post discogram CT showed a partial annular tear on the right at the level of L3-L4, a complete annular tear at the L4-L5 in the midline, a left paracentral annular tear at L5-S1, and an apparent incidental finding on the study was a large renal calculus on the left measuring about 2 cm x 1 cm. felt the patient was a candidate for an L4-L5 and L5-S1 artificial disc replacement, as opposed to a two level fusion.

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

As noted by both prior reviews, the Official Disability Guidelines do not recommend disc replacement surgery in the lumbar spine noting that, 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 the recommended treatments, including non-operative care. The medical records provided, including the most current report by failed to provide a medical rationale why the lumbar disc replacement surgery was medically necessary as the current medical records failed to document a clinical condition for which the procedure could possibly be indicated even on an outlier basis. Therefore, at this time, the artificial disc replacement at L4-L5 with preoperative testing, two-day length of stay, spinal cord monitoring, and surgical assistance is not medically necessary. With the surgery not necessary, the attendant requests and other requested services noted are not medically necessary.

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

**MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE
IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**

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