

NOTICE OF INDEPENDENT REVIEW DECISION

Date: October 13, 2003

RE: MDR Tracking #: M2-04-0018-01
IRO Certificate #: 5242

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to ___ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by an Orthopedic Surgeon physician reviewer who is board certified in Orthopedic Surgery and has an ADL Level 2. The Orthopedic Surgeon physician reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

The claimant has a history of episodic chronic low back pain allegedly related to a work injury on ___.

Requested Service(s)

Pro-disc intervertebral disc device (arthroplasty) at L5-S1

Decision

I agree with the insurance carrier that the requested intervention is not reasonable and medically necessary.

Rationale/Basis for Decision

A discogram/CT is a pre-operative diagnostic test to help determine levels of spinal fusion or spinal arthroplasty. There is no indication for a discogram to determine if the injured worker has discogenic pain unless documentation a level of that pain, exhausted conservative treatment, and radiographic findings indicate fusion to be under active consideration (PAIN PHYS 2003; 6:3-81). Discography is a controversial test that can demonstrate anatomic abnormalities in asymptomatic people and subjective response can be widely skewed, particularly with psychological issues. Discography is not a primary diagnostic tool, but a confirmatory study in the presence of an established diagnosis of the significant disc condition when spinal fusion is anticipated. Upon review of all documentation provided as well as MRI and CT scans, there is no documentation of a significant disc condition indicating the necessity of spinal fusion or arthroplasty. Disc height at L5-S1 is decreased only 20%, there is adequate spinal canal diameter, and there is no significant foraminal stenosis. Flexion/extension films reportedly show no evidence of instability. There is no documentation of an aggressive conservative spinal stabilization program to include weight loss and spinal stabilization (McKenzie Program). There is no documentation in any of the records provided of the claimant's weight. There are no controlled studies in the peer reviewed literature to support lumbar spine arthroplasty at this time. The only studies cited in recent

literature compare spinal arthroplasty to conventional lumbar spine fusion. There are no studies comparing lumbar spine arthroplasty to a non-operative control group. Ideally this control group would consist of double blind controlled candidates who are managed with strict weight control and long term aggressive conservative spinal stabilization instruction. The claimant's condition is relatively acute (less than 1 year) and it is reasonable to assume that within an 18-24 month period aggressive conservative management will result in stabilization of the clinical condition. I strongly recommend continued conservative management in this clinical setting.

If disputing a spinal surgery prospective decision, a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **10** (ten) calendar days of your receipt of this decision (28 Tex. Admin. Code 142.5(c)).

If disputing other prospective medical necessity (preauthorization) decisions, a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) calendar days of your receipt of this decision (28 Tex. Admin. Code 142.5(c)).

This decision is deemed received by you 5 (five) days after it was mailed or the date of fax (28 Tex. Admin. Code 102.5(d)). A request for a hearing and a **copy of this decision** must be sent to:

Chief Clerk of Proceedings / Appeals Clerk
P.O. Box 17787
Austin, Texas 78744
Fax: 512-804-4011

The party appealing this decision shall deliver a copy of its written request for a hearing to other party involved in this dispute.