

that is the subject of the appeal is final and appealable. If you are disputing a spinal surgery prospective decision, a request for a hearing must be in writing and it must be received by the Division of Workers' Compensation, Chief Clerk of Proceedings, within ten (10) days of your receipt of this decision.

I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on January 5, 2006.

Sincerely,

Gilbert Prud'homme
General Counsel

GP/dd

**REVIEWER'S REPORT
M2-06-0443-01**

Information Provided for Review:

DWC-60, Table of Disputed Services, EOB's

From Respondent:

Correspondence
Designated Review

Treating MD:

Office Notes 07/07/05 – 10/10/05

Pain Management:

Office Visit 08/09/05
Radiology 06/09/05 – 08/11/05

Clinical History:

The claimant suffered a work-related injury to the lumbar spine causing chronic low back pain. The patient failed conservative management. Preoperative workup, including a discogram, revealed pain generator at L5/S1. Artificial disc replacement was recommended and has been denied as medically unnecessary.

Disputed Services:

Artificial disc replacement at L5/S1 has been denied.

Decision:

The reviewer disagrees with the determination of the insurance carrier and is of the opinion the services in dispute as stated above is medically necessary in this case.

Rationale:

The insurance carrier is denying care for this patient based on the lack of long-term prospective randomized trials for artificial disc replacement as compared to the gold standard of lumbar fusion. However, this patient is an excellent candidate for an artificial disc replacement. The patient has failed greater than 6 months of nonoperative management, has a positive concordant discogram, and is young and would therefore benefit from retention of intrasegmental disc motion. Just because long-term data does not exist is not an adequate reason for denial of medical treatment, and therefore the insurance company's rationale is inadequate.