



SENT TO: Texas Department of Insurance
Health & Workers' Compensation Network Certification & QA
Division (HWCN) MC 103-5A
Via Fax: 512.804.4868

Zurich Ins./Katie Foster
512.867.1733

Larry Kjeldgaard, DO
817.283.5283

01/23/07

RE: IRO Case #: M2.0528.01
Name: _____
Coverage Type: Workers' Compensation Health Care - Non- network
Type of Review:
 Preauthorization
 Concurrent Review
 Retrospective Review
Prevailing Party:
 Requestor
 Carrier

ZRC Medical Resolutions, Inc. (ZRC) has been certified, IRO Certificate #5340, by the Texas Department of Insurance (TDI) as an Independent Review Organization (IRO). TDI has assigned this case to ZRC for independent review in accordance with the Texas Insurance Code, the Texas Labor Code and applicable regulations.

ZRC has performed an independent review of the proposed/rendered care to determine if the adverse determination was appropriate. In the performance of the review, ZRC reviewed the medical records and documentation provided to ZRC by involved parties.

This case was reviewed by an M.D., F.A.C.S., certification by the American Board of Orthopedic Surgery. The reviewer has signed a certification statement stating that no known conflicts of interest exist between the reviewer and the injured employee, the injured employee's employer, the injured employee's insurance carrier, the utilization review agent (URA), and any of the treating doctors or other health care providers who provided care to the injured employee, or the URA or insurance carrier health care providers who reviewed the case for a decision regarding medical necessity before



referral to the IRO. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

As an officer of ZRC, I certify that:

1. there is no known conflict between the reviewer, ZRC and/or any officer/employee of ZRC with any person or entity that is a party to the dispute, and
2. a copy of this IRO decision was sent to all of the parties via U.S. Postal service or otherwise transmitted in the manner indicated above on 01/23/07.

RIGHT TO APPEAL:

You have the right to appeal the decision by seeking judicial review. This IRO decision is binding during the appeal process.

For disputes other than those related to prospective or concurrent review of spinal surgery, the appeal must be filed:

1. directly with a district court in Travis County (see Labor Code 413.031(m)), and
2. within thirty (30) days after the date on which the decision is received by the appealing party.

For disputes related to prospective or concurrent review of spinal surgery, you may appeal the IRO decision by requesting a Contested Case Hearing (CCH). A request for CCH must be in writing and received by the Division of the Workers' Compensation, Division Chief Clerk, within ten (10) days of your receipt of this decision.

Sincerely,

Jeff Cunningham, D.C.
President/CEO

**REVIEWER REPORT
M2 07 0528 01**

DATE OF REVIEW: 01/19/07

IRO CASE #: M2-07-0528-01

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

M.D., F.A.C.S., Board Certification: American Board of Orthopedic Surgery

An L4/L5 total disc arthroplasty has been requested and denied.



REVIEW OUTCOME:

“Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

Total disc arthroplasty is not medically necessary to treat this individual's problems.

INFORMATION PROVIDED FOR REVIEW:

1. Medical records of Larry M. Kjeldgaard, D.O.
2. Medical records V. Agarwal, M.D.
3. Medical records of Kumar Gonafry, M.D.
4. Records from the Carrier

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

The patient is a 22-year-old male diesel mechanic who suffered a lifting injury on _____. He has principally low back pain with inconsistent bilateral leg pain more commonly severe on the left than on the right.

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

There is little documented evidence that this patient should undergo any surgical approach at this time. Current literature is suggesting that after 2 years of treatment, outcomes are comparable for individuals treated operatively and non-operatively in the realm of degenerative disc disease. Though there is some theoretical advantage to the use of a total disc arthroplasty, studies comparing the outcomes of individuals undergoing spine fusion as opposed to total disc arthroplasty have shown comparable results. The theoretical benefits of total disc arthroplasty have not been demonstrated in the short term followup studies comparing comparable patients. The procedure is more expensive and is more difficult to accomplish. It may have higher complication rates. As a matter of fact, this procedure should still be considered investigational.



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

- ACOEM-American 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 national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines:
AAOS Instructional Course Lectures, Spine