

Rationale/Basis for Decision

The potential benefit of a total disc replacement compared to fusion has not been realized in short term reports and 2 year outcomes appear to be comparable. The general consensus remains that this procedure should be considered experimental. Indications, contraindications, and expectations remain to be defined by clinical studies. This particular patient appears to meet many of the indications including single level involvement. However, he also meets at least one contraindication that of facet arthropathy demonstrated on MRI studies performed on 04/14/05 and 05/09/06. Total disc arthroplasty cannot be justified based on the documentation provided. It is not medically necessary or reasonable to perform this investigational procedure. Currently it should be performed under investigational circumstances.

This decision by the IRO is deemed to be a DWC decision and order.

YOUR RIGHT TO APPEAL

If you are unhappy with all or part of this decision, you have the right to appeal the decision. The decision of the Independent Review Organization is binding during the appeal process.

If you are disputing the decision (other than a spinal surgery prospective decision), the appeal must be made directly to a district court in Travis County (see Texas Labor Code § 413.031). An appeal to District Court must be filed not later than 30 days after the date on which the decision 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.

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 hearing and a **copy of this decision** must be sent to: Chief Clerk of Proceedings/Appeals Clerk, Texas Department of Insurance, Division of Workers' Compensation, 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 all other parties involved in this dispute.

Sincerely,
Gordon B. Strom, Jr., MD
Director of Medical Assessment

GBS:dm
Attachment

cc: _____, Injured Worker
Program Administrator, Medical Review Division, DWC

In accordance with Division Rule 102.4 (h), 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 this 8th day of February 2007.

Signature of IRO Employee:

Printed Name of IRO Employee:

Information Submitted to TMF for Review

Patient Name: ____

Tracking #: M2-07-0752-01

Information Submitted by Requestor:

None

Information Submitted by Respondent:

- Daily PT notes
- Pre-Anesthetic Summary & Anesthesia Record from Southwest Surgical Hospital
- Operative reports
- Office notes from Dr. Kjeldgaard
- Progress notes from Dr. Dirnberger
- Request for reconsideration
- Initial consultation note by Dr. Chatfield
- Initial Consultation/EMG/NCS Dr. Coligado
- Report of MRI of the lumbar spine
- Request for Services
- Statement of Medical Necessity
- Report of x-rays of the lumbar spine
- Office notes from Dr. Chatfield
- Letter of medical necessity