

<b>Case Number:</b>	CM13-0027956		
<b>Date Assigned:</b>	11/22/2013	<b>Date of Injury:</b>	02/15/2008
<b>Decision Date:</b>	01/28/2014	<b>UR Denial Date:</b>	09/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The claimant is a 36-year-old gentleman who was injured in a work related accident on February 15, 2008. Clinical records specific to his lumbar spine indicate an August 8, 2013 progress report by [REDACTED] indicating subjective complaints of ongoing low back complaints. Objectively, there was noted to be tenderness with range of motion that was restricted with "No change to lower extremity neurologic examination". The claimant was diagnosed with L5-S1 discopathy with back greater than leg pain status post prior L5-S1 discectomy in September of 2008. Authorization was requested at that time for artificial disc replacement procedure at the L5-S1 level. A further assessment for review from [REDACTED], pain management physician of October 7, 2013 showed a physical examination with lumbar myofascial tenderness and spasm with an antalgic gait and use of a cane, but no documented neurologic findings. A prior lumbar MRI from February 21, 2012 showed the L5-S1 level to be with moderate to severe left neural foraminal narrowing with a 2 to 3 millimeter posterior disc protrusion and facet joint hypertrophy.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**L5-S1 disc replacement surgery:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 305-306.  
Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-- Official Disability Guidelines Treatment in Worker's Comp , 18th Edition, 2013 Updates: low back procedure - Disc prosthesis.

**Decision rationale:** California MTUS Guidelines are silent. When looking at Official Disability Guideline criteria, artificial disc replacement is not supported. Disc replacement in the lumbar spine is not recommended. Recent research has concluded there is insufficient evidence to draw extensive efficacy and effectiveness conclusions comparing artificial disc replacement to a broad range of recommended treatment options including conservative non-operative care. Specific indication for the role of the procedure is not supported by Guideline criteria negating its need in this case.

**Inpatient stay-duration unspecified:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Glucosamine 50mg, #90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine. Page(s): 50.

**Decision rationale:** Based on California MTUS Chronic Pain Medical Treatment Guidelines, the role of glucosamine is not supported in this case. Guidelines indicate that the role of glucosamine is recommended for moderate arthritic pain particularly in knee osteoarthritis with clinical research failing to demonstrate its clinical efficacy in other joints or diagnoses. The records in this case indicate the claimant is with ongoing low back complaints with no documentation or evidence of knee arthrosis. The specific role of glucosamine at this stage in the clinical course would not be supported

**Flexeril 7.5mg, #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain)..

**Decision rationale:** Based on California MTUS Guidelines, the continued role of Flexeril would not be indicated. California MTUS Chronic Pain Medical Treatment Guidelines in regards to continued use of muscle relaxants do not recommend their role in the treatment of chronic low back patients. They can be used with option as a second line treatment for acute exacerbations. The records in this case do not indicate acute exacerbation in a claimant that has been utilizing Flexeril for quite some ongoing use of this agent, given its adverse effects and dependency profile, would not be indicated.