

Case Number:	CM13-0036982		
Date Assigned:	12/13/2013	Date of Injury:	02/17/2010
Decision Date:	12/12/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	11/04/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert 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 expert 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:

This is a 47 year old female with a 2/17/10 injury date. In a 10/23/13 rebuttal letter, the provider indicated that the patient underwent L4-5 disc replacement about two years ago with a good result. About 6-8 months after the surgery, the patient had a recurrence of pain in her right leg with severe limp and weakness. Based upon a recent CT scan with discogram, this was attributed to a severe L3-4 degenerative disc pattern and right lateral disc protrusion. Objective findings included absent knee jerk reflex on the right and weakness of the quadriceps muscle. The provider is recommending L3-4 disc replacement surgery. A 10/2/13 CT followed by discogram demonstrated a nonpainful L5-S1 disc, a mildly painful L2-3 disc, a disc replacement at L4-5, and severe pain radiating down the right leg that reproduced her current pain at L3-4. The provider recommended disc replacement at L3-4 because the remainder of the discs are normal, the patient had an excellent result from L4-5 disc replacement for 6 months, and the patient "would be able to be moved." The provider did not recommend fusion because it will place increased stress at L4-5 and L5-S1. A 9/10/13 lumbar CT showed L3-4 an irregular 3 mm circumferential disc bulge with mild right and severe central left neural foraminal narrowing. Diagnostic impression: lumbar disc disease, herniation. Treatment to date: L4-5 disc replacement arthroplasty, epidural steroid injections, trigger point injections, physical therapy, medications. A UR decision on 10/21/13 denied the request for L3-4 disc replacement surgery because the guidelines do not support the procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

L3-L4 DISC REPLACEMENT SURGERY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Disc prosthesis

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Low Back Chapter--Discography, Disc prosthesis.

Decision rationale: CA MTUS does not address the issue of lumbar disc replacement. ODG states that disc replacement is not recommended in the lumbar spine, but under study in the cervical spine, with recent promising cervical results. CA MTUS states that recent studies on discography do not support its use as a preoperative indication for either intradiscal electrothermal (IDET) annuloplasty or fusion. In addition, ODG states that provocative discography is not recommended because its diagnostic accuracy remains uncertain, false-positives can occur in persons without low back pain, and its use has not been shown to improve clinical outcomes. However, the recent lumbar CT scan did not show significant neural foraminal stenosis on the right side at L3-4, and the loss of ankle jerk and quad weakness was reported to be on the right side. There was significant left-sided L3-4 neural foraminal stenosis but this does not correlate well with physical exam findings. In addition, the guidelines do not support the use of discography as a pre-operative indicator for surgery. Finally, there was no discussion of why a simple decompression would not be appropriate at L3-4, given the patient's complaints are primarily radicular in nature. Therefore, the request for L3-L4 disc replacement surgery is not medically necessary.