

Case Number:	CM13-0054444		
Date Assigned:	12/30/2013	Date of Injury:	04/13/2012
Decision Date:	03/18/2014	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	11/19/2013

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 Texas, New Mexico, and Nebraska. 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 patient is a 32-year-old male who injured his lower back at work on 04/13/2012 when the patient attempted to lift a 120 pound keg of beer. He experienced abrupt onset of low back pain, which began to radiate down both lower extremities. The patient was seen at a local hospital emergency room. He was treated on 03/01/2013 with a transforaminal epidural steroid injection at L5-S1 bilaterally and on 07/20/2012 he had transforaminal epidural steroid injection bilateral at L5-S1. Other treatment included lumbar support and a course of chiropractic care. Diagnostic studies on 03/28/2013 included a radiology report of the lumbar spine that showed stable alignment, lumbar spine, in the AP (anterior posterior) and lateral views, with loss of normal lumbar lordosis. X-rays of lumbar spine dated 01/09/2013 showed stable coronal and sagittal alignment of the lumbar spine with satisfactory maintenance of disc space. MRI (magnetic resonance imaging) lumbar spine without contrast showed there is straightening of the normal lumbar lordosis which is nonspecific. At the L5-S1 level there are mild desiccation changes with approximately 2mm diffuse disc bulging appearing slightly more prominently far laterally to the left and resulting in mild left foraminal narrowing which may minimally caudally about the left L5 foraminal nerve root. No right foraminal narrowing is seen and there is no canal stenosis, although disc bulging extends up to but does not overtly compress the bilateral S1 nerve roots. Mild facet arthropathy is present. A lumbar spine x-rays dated 04/16/2012 showed no fracture, dislocation, or severe degenerative change. A clinic note dated 11/06/2013 states the patient has a central disc protrusion at L5-S1 producing neurological symptoms with radiation of pain down his leg as well as severe pain. The patient has been unable to work. The patient has ongoing severe pain in his back radiating down his leg. The surgery was denied by a reviewer. The patient had a second surgical opinion confirming the need for surgery. Second Opinion Evaluation dated 09/11/2013 showed upon examination the patient is 5'5", 155 pounds, the

patient is otherwise healthy. The patient has lower back tenderness, principally on the left side and has increased pain with forward bending. The patient has positive straight leg raising on the left side. The patient's reflexes are symmetric and diminished. The patient's motor strength testing while sitting is intact and reflexes are symmetric. The patient has stiffness to forward bending of the lumbar spine. The surgeon recommended three type of surgical plans: One is to perform a decompression which typically allows the disc space to settle, the foramen to narrow, and radiculitis to continue. Sometimes back pain is less with simple decompression and discectomy. The next option is lumbar fusion which can sometimes require both an anterior and posterior approach to the lumbar spine. This procedure is a substantial operation and takes 8-10 months to recover. The last and best alternative for this particular patient, a young man, with high level activity expectations is to perform disc arthroplasty. This is by far the most limited procedure of the three which is typically performed from the front and allows the patient to have discectomy and disc replaced with a support that prevents collapse of the L5-S1 level. As a result of this particular procedure, the patient's disc radiculitis symptoms usually resolve, motion is preserved, and recovery is much faster than the lumbar fusion alternative. The provider concurred with [REDACTED] opinion concerning this approach to the patient's spine condition. There is a request for disc replacement at L5-S1 and a 3 day hospital stay.

IMR ISSUES, DECISIONS AND RATIONALES

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

L5-S1 disc replacement: 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 Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter: Lumbar & Thoracic (acute and chronic), Disc Prosthesis

Decision rationale: The CA MTUS guidelines do not specifically discuss the requested treatment and hence the Official Disability Guidelines (ODG) have been sought. As per ODG, total disc replacement is not recommended in the lumbar spine. The provider has requested disc replacement since this is better than decompression and fusion for resolution of patient's disc radiculitis symptoms and faster recovery than the lumbar fusion. However, the ODG indicates studies showed failure to demonstrate superiority of disc replacement over lumbar fusion. The guidelines also indicate that longevity of this procedure is unknown, especially with a relatively young average age in workers' comp patients, and the consequences of failure of an implant in close proximity to caudal equina and vital organs (e.g., aorta, vena cava and iliac arteries) are of concern. Radiographs are unremarkable as well as there is insufficient documentation of objective findings in regards to sensory or motor deficits other than persistent tenderness, decreased ROM (range of motion) and positive SLR (straight leg raise). The medical necessity has not been established appropriately, and thus the request for L5-S1 disc replacement is non-certified.

3 day hospital stay: 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 Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter: Lumbar & Thoracic (acute and chronic), Disc Prosthesis

Decision rationale: Since there is no approval of the surgery, the need for 3 day hospital stay is not established.