

<b>Case Number:</b>	CM14-0103819		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	03/16/2011
<b>Decision Date:</b>	09/03/2014	<b>UR Denial Date:</b>	07/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2014

### 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 Neurological 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:

The records presented for review indicate that this 43-year-old female was reportedly injured on March 16, 2011. The mechanism of injury is undisclosed. The most recent progress note, dated June 20, 2014, indicates that there were ongoing complaints of low back pain radiating to the left leg and right anterior thigh. The physical examination demonstrated tenderness at the L4 to L5 region and decreased lumbar spine range of motion with pain. There was a mildly positive left-sided straight leg raise test. Diagnostic imaging studies of the lumbar spine showed a disc protrusion at L4 to L5 and a left paracentral disc protrusion impinging the traversing left-sided L5 nerve root. Previous treatment included an epidural steroid injection. A request was made for an anterior discectomy with complete resection of the degenerative disc segment and reconstruction, either with an artificial disc replacement or interbody fusion, and a discogram at L4 to L5 with the control level at L2 to L3 with sedation and post discography CT scan; the request was not certified in the preauthorization process on July 3, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Anterior Discectomy with Complete Resection of Degenerative Disk Segment and Reconstructions, either with an Artificial Disc Replacement or Interbody Fusion,:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 288, 305, 305, 310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic).

**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 - Lumbar and Thoracic, Disc Prosthesis, Updated July 3, 2014.

**Decision rationale:** According to the Official Disability Guidelines, the use of a disc prosthesis is not recommended for the lumbar spine. Studies have shown that there is a failure to demonstrate superiority of disc replacement over a lumbar fusion, which is also not a recommended treatment, for example, for degenerative disc disease. For these reasons this request for an anterior discectomy with complete resection of a degenerative disc segment and reconstruction with either an artificial disc replacement or interbody fusion is not medically necessary.

**1 Discogram at L4-5 with a control level at L2-3 with sedation and post-discography CT scan:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 66. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic).

**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 - Lumbar and Thoracic, Discography, Updated July 3, 2014.

**Decision rationale:** According to the Official Disability Guidelines, the practice of discography is not recommended for the lumbar spine. Recent high-quality studies on discography have significantly questioned the results as a pre-operative indication for spinal fusion. There is no documentation of physical therapy visits completed or results of a detailed psychosocial assessment, whether it was beneficial or not. There was no documentation of this in the medical records available for review. For these multiple reasons, this request for a discogram at L4 to L5 with a control level at L2 to L3 with sedation and post discography CT scan is not medically necessary.