

<b>Case Number:</b>	CM14-0078445		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	11/11/2011
<b>Decision Date:</b>	08/25/2014	<b>UR Denial Date:</b>	05/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/28/2014

### 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 Orthopedic Surgery and is licensed to practice in Texas. 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 injured worker is a 32-year-old male who reported an injury on 11/11/2011. The diagnosis was thoracic intervertebral disc without myelopathy. The injured worker had a micro lumbar decompression on the right at L5-S1 on 11/27/2012. The mechanism of injury was the injured worker bent over from the waist and lifted the bars of a forklift when he immediately started to experience low back pain. The medications included Norco, Flexeril, and Pamelor. The injured worker underwent an MRI on 05/01/2013. Prior therapies included chiropractic care, a corset, and psychotherapy. The documentation of 01/20/2014 revealed the injured worker had pain that was increased since his last visit. The pain was constant and the injured worker had pain in his back traveling down both legs. The injured worker indicated he felt burning and numbness radiating to the bilateral legs to the bottom of his feet. The injured worker indicated he had fallen to the ground approximately 5 times due to weakness in his legs. The injured worker indicated he awaited authorization for artificial disc replacement surgery. The objective examination revealed the range of motion was decreased in all planes and limited by pain. Lumbar flexion was 40 degrees, extension 5 degrees, and the injured worker's bilateral lateral bend was 10 degrees. There was decreased sensation in the L5 and S1 dermatomes on the left. The tibialis anterior and EHL strength were 4+/5 bilaterally and limited by pain. The inversion, eversion, and plantarflexors had strength of 5-/5 bilaterally. The gait was noted to be antalgic. The injured worker had tenderness to palpation in the midline of the lower lumbar spine. The diagnostic studies per the physician documentation included the MRI of the lumbar spine on 05/01/2013, which revealed at L5-S1 there were presumed postoperative changes with central protrusion and annular fissure, retrolisthesis, and degenerative disc disease resulting in moderate bilateral neural foraminal narrowing. Annular fissuring was suspected. In addition, there was L4-5 mild retrolisthesis with mild caudal right neural foraminal narrowing and mild canal stenosis. There

was minimal retrolisthesis at L4-5 and L5-S1. At L5-S1, there was disc dehydration, disc height loss, anterior spondylosis, and there were endplate marrow changes. The diagnoses included status post lumbar micro decompressive surgery on the right L5-S1 on 11/27/2012, multilevel disc herniations at L4-5 and L5-S1 with mild to moderate neural foraminal narrowing, annular fissure at L5-S1, and degenerative disc disease at L5-S1. The treatment plan included a continuation to request an artificial disc replacement at L5-S1. The documentation indicated an artificial disc replacement was being requested as opposed to a fusion in order to prevent adjacent segment disease at the L4-5, which was also showing signs of degeneration. It was opined an artificial disc replacement would help prevent adjacent segment disease, unlike fusion, which may lead to an extension of fusion in the future. It was further opined that artificial disc replacement would help maintain the injured worker's motion.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Artificial Disc Replacement L5-S1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines-Low Back.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Disc prosthesis.

**Decision rationale:** The ACOEM Guidelines indicate that a surgical consultation is appropriate for injured workers who have severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging, preferably with objective signs of neural compromise. There should be documentation of activity limitation due to radiating leg pain for more than 1 month or extreme progression of lower leg symptoms. There should be clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair. There should be documentation of a failure of conservative treatment to resolve disabling radicular symptoms. The clinical documentation submitted for review indicated the injured worker had clear clinical evidence as well as a failure of conservative treatment. The documentation indicated that an MRI was performed. However, the official results were not provided. There was a lack of documentation of electrophysiologic evidence of a lesion. Additionally, the California MTUS/ACOEM Guidelines do not specifically address disc prosthesis. As such, secondary Guidelines were sought. The Official Disability Guidelines do not recommend artificial disc replacement. There was a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. The original date of request could not be determined through submitted documentation. Given the above, the request for Artificial Disc Replacement L5-S1 is not medically necessary.