

Case Number:	CM15-0192660		
Date Assigned:	10/06/2015	Date of Injury:	12/12/2013
Decision Date:	11/13/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	09/30/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic Surgery

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 injured worker is a 24-year-old male who sustained an industrial injury on 12/12/13. Injury was reported relative to lifting something heavy from the floor. Past medical history was reported negative. The 11/20/14 lumbar spine x-rays documented 3 mm of retrolisthesis of L3 on L4, and 4 mm of retrolisthesis of L4 on L5. There was no instability noted with flexion or extension. There was mild disc space narrowing and facet disease at L5/S1. The 3/23/15 lumbar spine MRI impression documented an L4/5 broad based disc bulge with 4mm protrusion along the inferior margin extending to the disc level, mild hypertrophic facet arthropathy, and impingement of the descending left L5 nerve root in the left lateral recess. There was a 2 mm L5/S1 disc bulge with superimposed broad-based 5 mm right paracentral disc protrusion and partial lateral recess impingement. There were annular fissures at L4/5 and L5/S1 and mild facet arthropathy. Conservative treatment had included physical therapy, medications, activity modification, facet injections, and epidural injections without sustained improvement. The 8/3/15 treating physician report cited gradual worsening with difficulty sleeping due to pain and difficulty tolerating sitting or bending. He reported low back pain radiating with discomfort and numbness bilaterally to the feet. The injured worker stated that he did not feel he could continue with his job much longer. The Oswestry score was 80%. Physical exam documented non-antalgic gait with heel and toe walk decreased bilaterally. There was restricted and painful lumbar range of motion, with tenderness at L4-S1 and mild lumbar muscle spasms. Straight leg raise produced back pain at 45 degrees bilaterally. Lower extremity sensation was intact. Deep tendon reflexes were trace at the patella and absent at the Achilles bilaterally. There was 3/5

global lower extremity strength. The treating physician report indicated that if there was no psychiatric contraindication to surgery, the injured worker was best treated by disc arthroplasties at L4/5 and L5/S1, or arthrodesis as an alternative. Authorization was requested for L4, L5, and S1 arthroplasty. The 9/30/15 utilization review non-certified the request for lumbar disc arthroplasty at L4, L5, and S1 as there was no convincing evidence to support disc arthropathy over spinal fusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthroplasty, L4, L5, S1, per 08/03/15 order: 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 (updated 09/22/15) Online Version.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic, Disc prosthesis.

Decision rationale: The California MTUS guidelines do not recommend artificial disc replacement and state this should be regarded as experimental at this time. The Official Disability Guidelines state that artificial disc replacement is not recommended. The studies have failed to demonstrate superiority of disc replacement over lumbar fusion, which is also not a recommended treatment in ODG for degenerative disc disease. Furthermore, longevity of this procedure is unknown, especially in younger 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. Indications for use include primary back pain and/or leg pain in the absence of nerve root compression with single level disease. Guideline criteria have not been met. This injured worker presents with gradual worsening of low back and lower extremity symptoms affecting his functional ability. Clinical exam findings are consistent with imaging evidence of nerve root compression at the L4/5 level and disc disease at the L5/S1 level with lateral recess impingement. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. Guidelines do not support artificial disc replacement for patients with nerve root compression or multilevel disease. Therefore, this request is not medically necessary.