

<b>Case Number:</b>	CM15-0036665		
<b>Date Assigned:</b>	03/05/2015	<b>Date of Injury:</b>	06/11/2013
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/26/2015

### 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: Oregon, California  
 Certification(s)/Specialty: Neurological 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:

The injured worker is a 44-year-old female who reported an injury on 06/11/2013. The mechanism of injury was not stated. The current diagnosis is lumbar postlaminectomy syndrome. The injured worker presented on 11/03/2014 for a follow-up evaluation. It was noted that the injured worker was status post left L4-5 microdiscectomy on 04/14/2014. The provider noted the injured worker was unable to work under regular capacity due to persistent pain. The physical examination was not documented; however, the provider indicated that the examination was unchanged from a recently documented examination. Treatment recommendations included a total disc replacement versus an arthrodesis fusion. It was noted that the injured worker had failed an appropriate medical conservative and injection pain management course of care. The official MRI completed on 09/02/2014 was submitted for review, and revealed evidence of epidural fibrosis and recurrent tiny 2 mm to 3 mm left posterior disc fragments at L4-5 abutting the descending nerve root within the left lateral recess, as well as moderate foraminal narrowing at L4-5 resulting in abutment of the exiting nerve root from the left neural foramen, especially in conjunction with mild facet arthrosis/hypertrophy. An official CT scan of the lumbar spine was also obtained on 11/17/2014, which also revealed a small focal paracentral disc bulge/herniation at L4-5 with encroachment upon the ventral aspect of the drill sac. There was no Request for Authorization Form submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**L4-5 Total 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, Treatment Index, 11th Edition (web), 2014, Low Back.

**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, Disc prosthesis.

**Decision rationale:** The Official Disability Guidelines do not recommend disc prosthesis. While an artificial disc replacement has gained substantial attention, it is not possible to draw positive conclusions concerning its effect on improving patient outcomes. Studies have failed to demonstrate superiority of disc replacement over lumbar fusion. As the Official Disability Guidelines regard disc prosthesis for the lumbar spine as currently under study and do not recommend the procedure, the current request for an L4-5 total disc replacement would not be supported. Additionally, the provider indicated a failure of conservative treatment; however, there was no documentation of an exhaustion of conservative management to include recent active rehabilitation. Given the above, the request is not medically appropriate in this case.

**Associates Surgical Service: Hospital Inpatient Stay (3-days): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Associates Surgical Service: Assistant Surgeon: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**L5-S1 Anterior Lumbar Interbody Fusion: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
Page(s): 305-306.

**Decision rationale:** The California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation is indicated for patients who have severe and disabling lower extremity symptoms; activity limitations for more than 1 month; clear clinical, imaging, and electrophysiologic evidence of a lesion; and a failure of conservative treatment. The Official Disability Guidelines state preoperative surgical indications for a spinal fusion should include the identification and treatment of all pain generators, the completion of all physical medicine and manual therapy interventions, documented instability upon x-ray or CT myelogram, spine pathology that is limited to 2 levels, and a psychosocial screening. There was no documentation of spinal instability upon flexion and extension view radiographs. Again, it is noted that the provider indicated a failure of conservative treatment; however, there was no evidence of a recent attempt at conservative management to include active rehabilitation. There was also no documentation of a psychosocial screening completed prior to the request for a lumbar interbody fusion. Given the above, the request is not medically appropriate at this time.