

Case Number:	CM15-0067743		
Date Assigned:	04/15/2015	Date of Injury:	07/11/2007
Decision Date:	05/15/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	04/09/2015

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:

The injured worker is a 56-year-old male who sustained an industrial injury on 7/11/07. Past surgical history was positive for left L4/5 hemilaminectomy, L4/5 microdiscectomy, nerve root exploration, and decompression on 11/3/09. The 10/7/14 lumbar spine MRI impression documented disc desiccation at L4/5 with mild left eccentric disc protrusion causing mild effacement of the thecal sac with patent neural foramen and no evidence of nerve root impingement. The remainder of the lumbar spine levels documented normal disc height and signal intensity with no significant disc bulge or protrusion and adequately patent central canal and foramen. The 1/8/15 spine surgeon report cited low back pain radiating to both legs and calves. Physical exam documented increased paralumbar muscle tone and tenderness, and tenderness at the midline thoracolumbar junction, L5/S1 facets, and left greater than right sciatic notch. There was decreased left L5 and S1 dermatomal sensation, positive straight leg raise on the left and positive Lasegue's on the left. There was 4+/5 left tibialis anterior weakness, and 4-/5 left extensor hallucis longus and gastrosoleus weakness. Patellar and Achilles reflexes were absent on the left. The lumbar MRI showed disc desiccation at L4/5 with mild left eccentric disc protrusion causing mild effacement of the thecal sac. The 7/29/13 EMG showed evidence of acute left L5 and S1 lumbosacral radiculopathy. The injured worker had tried and failed previous surgery and conservative treatment including epidural injections, physical therapy, and chiropractic. The treatment plan recommended artificial disc replacement at the level of L4/5. The 3/3/15 pain management report cited continued grade 8/10 low back pain radiating to the left lower extremity. He continued with his current therapeutic medications, which provided a

measure of pain relief and preservation of functional capacity. Physical exam documented antalgic gait, positive straight leg raise on the left at 60 degrees, lumbar flexion 40 degrees with pain, and lumbar extension 15 degrees with pain. Motor strength was 4+/5 in left hip flexion and dorsiflexion. Left lower extremity sensation was decreased in the left L5 distribution. Deep tendon reflexes were intact. The diagnosis was failed back syndrome, lumbar. The injured worker anticipated a lumbar disc replacement at some point in the future. Medications were refilled to include Soma, Vicodin ES, and Neurontin. The 3/17/15 utilization review non-certified the request for L4/5 artificial disc replacement, citing lack of guideline support.

IMR ISSUES, DECISIONS AND RATIONALES

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

Artificial disc replacement at the level of L4-5: 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 procedure summary.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306. 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 do not recommend artificial disc replacement (ADR). Current US treatment coverage recommendations were listed. Indications for lumbar ADR include primary back and/or leg pain in the absence of nerve root compression with single level disease. Patients exclusions include nerve root compression, spondylolisthesis, stenosis, facet mediated pain, and osteoporosis. Guidelines reported that at the current time, radiculopathy is an exclusion criteria for lumbar artificial disc replacement. Guideline criteria have not been met. This patient presents with low back pain with radiculopathy. There was reported electrodiagnostic evidence of left L5 and S1 radiculopathy consistent with current exam findings. Guidelines indicate that radiculopathy is an exclusion criteria for lumbar artificial disc replacement. Therefore, this request is not medically necessary.