

<b>Case Number:</b>	CM15-0097930		
<b>Date Assigned:</b>	05/29/2015	<b>Date of Injury:</b>	03/20/2006
<b>Decision Date:</b>	07/01/2015	<b>UR Denial Date:</b>	05/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/20/2015

### 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 55-year-old male who sustained an industrial injury on 3/20/06, relative to a slip and fall. The 10/8/14 lumbar MRI impression documented degenerated L4/5 disc with diffuse bulging and endplate osteophyte. The left posterolateral disc herniation seen on the prior study with disc material in the left lateral recess had retracted and appeared to have scarred down. There was some flattening of the dural sac, but less lateral recess stenosis. There was unchanged foraminal stenosis, left worse than right, related to facet arthrosis. There was mild bulging of the L3/4 and L4/5 discs unchanged with no herniated nucleus pulposus or stenosis. The 11/24/14 orthopedic surgeon report cited persistent grade 8/10 chronic axial back and buttock pain, and more left than right radicular leg pain. Left leg pain radiated all the way to the foot and ankle, and right leg pain generally to the knee. He rated the low back component as 80% of his pain. Physical exam documented bilateral S1 and left L5 hypesthesia, antalgic gait, and poor performance on left toe and heel walk compared to the right. Imaging showed a broad moderate degenerative disc protrusion at L5/S1 which accounted for some left slightly more than right L5/S1 lateral recess stenosis. This appears to present single level discopathy with some acknowledged grade II facet arthropathy at the L5/S1 level. Based on his predominant axial spinal pain complaints, he was felt to be a candidate for anterior decompression and reconstruction surgery. A CT scan was recommended to assess the level of facet arthropathy for possible ProDisc L total disc replacement. The 5/13/15 orthopedic report cited continued grade 7-8/10 low back pain with pain and numbness radiating down the left leg. Physical exam documented paraspinal tenderness, slow and guarded range of motion, bilateral S1 and left L5

hypesthesia, antalgic gait, and poor performance on left toe and heel walk compared to the right. The treating physician report indicated that lumbar flexion/extension x-rays were to be obtained today and lumbar thin-slice CT scan and psychological evaluation had taken place but the reporting was not available. Authorization was requested for a L5/S1 total disc replacement and an inpatient stay of three days. The 5/13/15 utilization review non-certified the request for L5/S1 total disc replacement as there was no documentation that the recommended CT scan had been completed to assess the facet joints and lumbar spine content, canal, and bone stock.

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

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

**L5-S1 total disc replacement:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306.

**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 also include spondylolisthesis, stenosis, facet mediated pain, and osteoporosis. FDA approved indications are listed as failure of 6 months non-operative treatment, skeletally mature patient, single disc only, no infection, no sensitivity to implant materials, and no osteoporosis or spondylosis. Guideline criteria have not been met. This injured worker presents with persistent low back radicular pain radiating into the left lower extremity. Clinical exam findings are consistent with plausible nerve root compression at bilateral S1 and left L5. Imaging findings documented L5/S1 disc protrusion with lateral recess stenosis. There were additional disc bulges at L3/4 and L4/5 documented. The treating physician opined the need for additional imaging to access the level of facet arthropathy prior to proceeding with the total disc replacement. There is no evidence in the records relative to the results of updated imaging. There is no compelling reason presented in the records to support the medical necessity of artificial disc replacement over traditional decompression surgery. Therefore, this request is not medically necessary.

**Associated surgical services: Length of stay for 3 days:** 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).

**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 & Thoracic: Hospital.

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