

<b>Case Number:</b>	CM13-0044039		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	02/28/2013
<b>Decision Date:</b>	02/21/2014	<b>UR Denial Date:</b>	10/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/25/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in California. 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 physician 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:

This 33-year-old claimant sustained an injury on 02/28/13. There has been concern over low back pain. An MRI was obtained, which demonstrated at L5-S1 degenerative disc disease with a central disc protrusion creating left sided lateral recessed stenosis. There is some concern over an element of degenerative spondylolisthesis at this level as well with anterior listhesis of L5 on S1 of approximately 6 millimeters. No imaging results can be identified in the records provided, which document a PARS defect from an x-ray or CT scan or any evidence of instability at the L5-S1 level as would be evidenced on flexion, extension radiographs. This claimant was treated conservatively with therapy, medications work modifications and time. An artificial disc replacement at the L5-S1 level has been requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **L5-S1 Arthroplasty:** 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) Chapter Low Back Chapter, Disc Prosthesis Section.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter Low Back Chapter, Disc Prosthesis Section.

**Decision rationale:** L5-S1 artificial disc replacement would not be considered medically appropriate based on the records provided in this case and the Official Disability Guidelines. The Official Disability Guidelines specifically state that artificial disc replacement is not recommended at all. Studies, which have been performed, have failed to demonstrate the benefit of disc replacement over lumbar fusion, which is also not a recommended treatment in Official Disability Guidelines for degenerative disc disease. Furthermore, the longevity of the procedure is not known. The request for an L5-S1 Arthroplasty is not medically necessary or appropriate.