

<b>Case Number:</b>	CM13-0046047		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	11/11/2011
<b>Decision Date:</b>	05/19/2014	<b>UR Denial Date:</b>	10/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2013

### 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. The expert 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 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/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:

The claimant is a 32-year-old gentleman who was injured in work related accident November 11, 2011 sustaining an injury to the low back. Recent clinical assessments available for review include a progress report of October 15, 2013 indicating ongoing complaints of low back pain with radiating left foot and leg pain, persistent in nature. Physical examination showed weakness at 4/5 with EHL and anterior tibialis testing. There was diminished sensation in the L5 and S1 left sided dermatomal distribution. The claimant is noted to have failed conservative measures including injection therapy, medication management, and therapy. Prior records also include a previous operative report of November 27, 2012 indicating the claimant underwent partial laminectomy with microdiscectomy at the L5-S1 level. Formal documentation of postoperative imaging is not provided; however, treating physician, [REDACTED], indicated a postoperative MRI of May 1, 2013 showed postoperative changes at L5-S1 with evidence of retrolisthesis and degenerative disc disease resulting in moderate bilateral foraminal narrowing. Additionally there was retrolisthesis at L4-5 with stenotic findings. At present based on failed conservative care, an artificial disc replacement surgery at the L5-S1 level is being recommended for further care.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ARTIFICIAL DISC REPLACEMENT AT L5-S1: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Procedure Chapter

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Procedure Chapter

**Decision rationale:** Using MTUS Guidelines supported by Official Disability Guidelines criteria, Artificial disc procedures are not recommended. There is currently no indication of long term clinical studies demonstrating its effectiveness over standardized lumbar procedures along. It should specifically be noted, however, that direct contraindications to role of the procedure would include history of degenerative process and spondylolisthesis which is present in this individual at both the L4-5 and L5-S1 level. The request for an artificial disc replacement at L5-S1 is not medically necessary or appropriate.