

<b>Case Number:</b>	CM13-0062230		
<b>Date Assigned:</b>	06/09/2014	<b>Date of Injury:</b>	05/22/2001
<b>Decision Date:</b>	08/18/2014	<b>UR Denial Date:</b>	11/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/06/2013

### 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 Texas. 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 injured worker is a 51-year-old female who reported an injury on 05/22/2001 due to a slip and fall. The injured worker reportedly sustained an injury to her low back. The injured worker's treatment history included piriformis injections. The injured worker underwent an MRI of the lumbar spine dated 10/22/2013. It was documented that the injured worker had a disc protrusion at the L5-S1 impinging on the S1 nerve root. The patient was evaluated on 09/25/2013. Physical findings included a positive straight leg raising test bilaterally with restricted range of motion secondary to pain. A Letter of Medical Necessity dated 10/30/2013 documented that the patient had persistent pain complaints with evidence of a disc protrusion at the L5-S1 impinging on the S1 nerve root. Arthroplasty of the L5-S1 was recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**L5-S1 ARTHROPLASTY X 2 DAY INPATIENT STAY:** 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 Chapter.

**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 requested L5-S1 arthroplasty x 2 day inpatient stay is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine does not address the requested surgical intervention. The Official Disability Guidelines do not support the use of arthroplasty for the vertebral structure. Longterm safety and efficacy have not been established. The clinical documentation submitted for review does not provide any exceptional factors to support extending treatment beyond guideline recommendations. There is no documentation of the need for arthroplasty over a more standard and traditional lumbar fusion. As the requested surgical intervention is not supported, the ancillary service of an inpatient stay would also not be supported. As such, the requested L5-S1 arthroplasty x 2 day inpatient stay is not medically necessary or appropriate.