

<b>Case Number:</b>	CM13-0065646		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	05/23/2008
<b>Decision Date:</b>	04/09/2014	<b>UR Denial Date:</b>	11/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/13/2013

### 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, has a subspecialty in Fellowship trained in Spine Surgery and is licensed to practice in California and 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 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:

The patient is a 36-year-old male who reported an injury on 05/23/2008. The mechanism of injury was not provided for review. The patient had persistent low back pain. The patient underwent a discography that noted the L4-5 level was normal and there was a disc bulge at the L5-S1. The patient's most recent clinical documentation noted that the patient had persistent low back pain with a negative straight leg raising test. The patient's diagnoses included a herniated disc of the lumbar spine and lumbar radiculopathy. The patient's treatment plan included disc prosthesis at the L5-S1 level.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Arthroplasty, 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 (ODG), Low Back

**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 Arthroplasty, L5-S1 is not medically necessary or appropriate. The Official Disability Guidelines do not recommend the use of disc prosthesis as a surgical intervention in the treatment of low back pain as there is little scientific data to support the efficacy and long-term benefit of this type of surgery. The clinical documentation submitted for review does not provide any evidence that the patient has failed to respond to less invasive surgical procedures and would require treatment beyond Guideline recommendations. As such, the requested Arthroplasty, L5-S1 is not medically necessary or appropriate.