

<b>Case Number:</b>	CM14-0103515		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	08/13/2008
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	06/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/03/2014

### 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 Neurological 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 injured worker is a 35-year-old male who was reportedly injured on August 13, 2008. The mechanism of injury was noted as lifting a heavy piece of machinery into the back of a truck. A request for surgery was submitted on June 4, 2014. It is unclear from the medical record when the most recent clinic visit was and no physical examination was documented. Diagnostic imaging studies of the lumbar spine indicated degenerative disc disease with facet arthropathy and a retrolisthesis at L3-L4, L4-L5, and L5-S1. Nerve conduction studies revealed a chronic left sided L5 and S1 radiculopathy. Previous treatment rendered was not stated. A request was made for a lumbar disc replacement arthroplasty at L4 through S1 with an assistant surgeon and a 3 to 5 day hospital inpatient stay and was not certified in the pre-authorization process on June 11, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**L4-S1 disc replacement arthroplasty with assistant surgeon:** Upheld

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

**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 and Thoracic, Disc Prosthesis, updated July 3, 2014.

**Decision rationale:** According to the magnetic resonance image of the lumbar spine, the injured employee has degenerative disc disease with a mild retrolisthesis at L3-L4, L4-L5 and L5-S1. According to the Official Disability Guidelines, the use of a disc prosthesis and lumbar spine surgeries are not recommended. Studies have failed to demonstrate superiority of disk replacement over lumbar fusion, which is also not a recommended treatment for degenerative disc disease. For these reasons, this request for an L4 through S1 disc replacement arthroplasty with an assistant surgeon is not medically necessary.

**3-5 Day inpatient stay:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 and Thoracic, Hospital Length of Stay.

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