

<b>Case Number:</b>	CM14-0129380		
<b>Date Assigned:</b>	08/18/2014	<b>Date of Injury:</b>	12/20/2005
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	08/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/13/2014

### 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 Orthopedic Spine 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 62-year-old male who reported an injury on 12/20/2005 after moving heavy equipment. The injured worker reportedly sustained an injury to his low back. The injured worker's treatment history included epidural steroid injections, physical therapy, facet joint ablation, and Pilates. The injured worker underwent an MRI of the lumbar spine on 04/01/2014. It was documented that the injured worker had prominent lumbar spondylosis at multiple levels with degenerative discs and severe spinal canal stenosis at L2-3 and mild narrowing of the central canal at L1-2 and L3-4. It was documented that there was lateral disc bulging and bone spurring causing severe compromise of the bilateral neural foramina at the L5-S1 and moderate compromise of the right neural foramen at L4-5 and left L2-3 and L3-4. An incomplete chart note was provided for 05/21/2014. It was documented that the injured worker had pain complaints rated at 10/10 of his low back that interfered with his abilities to participate in activities of daily living. Physical findings included an absent right knee jerk with no motor strength or sensory deficits. It was noted that the injured worker could forward flex touching his hands to his knees. A Request for Authorization to support the surgical intervention requested was submitted on 05/31/2014. A letter of appeal dated 08/07/2014 was reviewed. It was noted that the injured worker had ongoing severe back pain with pain radiating into his bilateral lower extremities and that the injured worker's MRI clearly indicated severe stenosis of the L2-3 and L3-4 and neural compromise at the L5-S1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Spinal disc replacement surgery at L4-5, L5-S1 #1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306-307, 310.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low back Chapter, Disc Prosthesis.

**Decision rationale:** The requested Spinal disc replacement surgery at L4-5, L5-S1 #1 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not specifically address this surgical intervention. Official Disability Guidelines do not support the use of disc prostheses as there is little scientific evidence to support the long term safety and efficacy of this surgical intervention over a more traditional fusion. Additionally, it is noted this surgical intervention is only indicated for single level disc disease. For a multilevel, artificial disc replacement would not be supported. As such, the request for Spinal disc replacement surgery at L4-5, L5-S1 #1 is not medically necessary or appropriate.

**Medical Clearance preoperative with Internist #1: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.