

<b>Case Number:</b>	CM14-0022995		
<b>Date Assigned:</b>	05/14/2014	<b>Date of Injury:</b>	07/15/2012
<b>Decision Date:</b>	07/10/2014	<b>UR Denial Date:</b>	01/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2014

### 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 Surgery has a subspecialty in Spine Surgery and is licensed to practice in Texas and 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 34-year-old male who reported an injury on 07/18/2012 after a trip and fall down a set of stairs. The injured worker reportedly sustained an injury to his low back. The injured worker's treatment history included multiple medications, physical therapy, surgical intervention, and cognitive behavioral therapy. Physical findings included restriction of the cervical spine with tenderness to palpation of the paracervical musculature, tenderness to palpation of the lumbar paravertebral musculature with restricted range of motion secondary to pain, with a positive bilateral Kemp's test and a positive straight leg raising test. The injured worker's diagnoses included multilevel disc protrusions of the cervical spine and multilevel disc protrusions of the lumbar spine with cervical and lumbar radiculopathy. Treatment recommendations included total disc arthroplasty 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:

**TOTAL DISC ARTHROPLASTY L5-S1:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Low Back chapter, Disc prosthesis.

**Decision rationale:** The Official Disability Guidelines do not recommend artificial disc replacement for treating lumbar injuries. There is no documentation that the injured worker has completed a multidisciplinary program. Therefore, the exhaustion of all lower levels of conservative treatments has not been provided. As this surgical intervention is not supported by guideline recommendations, and there are no exceptional factors noted within the documentation to support extending treatment beyond guideline recommendations, the requested surgical intervention would not be indicated at this time. Therefore, the request for total disc arthroplasty at the L5-S1 is not medically necessary or appropriate.