

<b>Case Number:</b>	CM14-0023137		
<b>Date Assigned:</b>	05/14/2014	<b>Date of Injury:</b>	11/07/1993
<b>Decision Date:</b>	07/11/2014	<b>UR Denial Date:</b>	02/14/2014
<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 Orthopedic Spine Surgery and is licensed to practice in New York. 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 patient is a 63-year-old male with a date of injury of November 7, 1993. The patient has chronic back pain and has had medications physical therapy without relief. The patient has had 6 lumbar surgeries. Lumbar MRI documents spinal stenosis and lumbar spine. Lumbar myelogram shows L3-4 retrolisthesis with spinal stenosis at L3-4. At issue is whether lumbar artificial disc replacement is medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### 1 LUMBAR SPINE ARTIFICIAL DISC REPLACEMENT AT L3- L4: Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Back Pain Fda Crireria Artificial Lumbar Disk.

**Decision rationale:** The patient does not meet FDA criteria for artificial disc replacement surgery the lumbar spine. Specifically, the patient has evidence of retrolisthesis at L3-4. The patient also has evidence of spinal stenosis at L3-4 on the myelogram study. The presence of lumbar spinal stenosis and sbluxation in the spine are contraindications to FDA criteria for

artificial disc replacement surgery lumbar spine. Therefore, artificial disc replacement surgery is not medically necessary. Patient does not meet FDA establish criteria for artificial disc therefore, the request is not medically necessary and appropriate.

**1 PREOPERATIVE MEDICAL CLEARANCE: Upheld**

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

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

**Decision rationale:** Since surgery is not medically necessary, then all other associated items are not needed.

**1-2 DAY IN-PATIENT HOSPITAL STAY: Upheld**

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

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

**Decision rationale:** Since surgery is not medically necessary, then all other associated items are not needed.

**12 POST OPERATIVE PHYSICAL THERAPY SESSIONS: Upheld**

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

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

**Decision rationale:** Since surgery is not medically necessary, then all other associated items are not needed.