

<b>Case Number:</b>	CM14-0059463		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	06/27/2006
<b>Decision Date:</b>	08/18/2014	<b>UR Denial Date:</b>	03/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/30/2014

### 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 Surgeon, has a subspecialty in Spine 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 55-year-old male who reported an injury on 06/27/2006. The mechanism of injury was not stated. Current diagnoses include status post hardware removal on 07/30/2013, low back pain, and stenosis at L3-4. The injured worker was evaluated on 02/25/2014 with complaints of lower back pain. Physical examination revealed 5/5 motor strength in the bilateral lower extremities. It was noted that the injured worker was awaiting approval for a 2-level decompression with L3-4 disc replacement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**L3-4 total disc replacement:** 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:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Disc Prosthesis.

**Decision rationale:** The California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation is indicated for patients who have severe and disabling lower extremity symptoms, activity limitation for more than 1 month, clear clinical, imaging, and

electrophysiologic evidence of a lesion, and a failure of conservative treatment. As per the documentation submitted, there is no mention of an attempt at conservative treatment. There was no imaging studies provided for this review. Additionally, the Official Disability Guidelines state disc prosthesis is not recommended. While artificial disc replacement as a strategy for treating degenerative disc disease has gained substantial attention, it is not possible to draw any positive conclusions concerning its effect on improving patient outcomes. Based on the clinical information received and the above mentioned guidelines, the request is not medically necessary.