

<b>Case Number:</b>	CM14-0196174		
<b>Date Assigned:</b>	12/04/2014	<b>Date of Injury:</b>	11/01/2006
<b>Decision Date:</b>	01/15/2015	<b>UR Denial Date:</b>	11/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/24/2014

### 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 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 41-year-old male who was chronic back pain. The patient had epidural steroid injection with some relief. He also had surgery for laminotomy discectomy at L5-S1. He continues to have back and bilateral leg pain. The patient takes narcotics for pain. On physical examination he is reduced range of motion of the lumbar spine. He has diminished sensation over the right foot. He has an absent left Achilles reflex. He has good strength in both legs. MRI of the lumbar spine from October 2012 shows recurrent disc protrusion at L4-5. There is also L5-S1 impingement of the right S1 nerve root. The patient has had multiple attempts at conservative measures, pain medication and epidural steroid injection. He continues to have chronic back pain and leg pain. At issue is whether artificial disc replacement surgeries are medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Disc replacement arthroplasty L4-L5, L5-S1:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Back Pain Chapter

**Decision rationale:** This patient does not meet FDA criteria for lumbar disc replacement. The FDA has not approved lumbar disc replacement for more than one level in the lumbar spine. Outcomes of two-level lumbar disc replacement in the long-term remain unknown. Complications of two-level lumbar disc replacement remain unknown. ODG guidelines do not support 2 levels of lumbar disc replacement. A 2 level lumbar disc replacement surgery remains experimental and is not supported by FDA criteria or guidelines. The request is not medically necessary.