

<b>Case Number:</b>	CM14-0205234		
<b>Date Assigned:</b>	12/17/2014	<b>Date of Injury:</b>	03/03/2013
<b>Decision Date:</b>	02/20/2015	<b>UR Denial Date:</b>	11/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/08/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Orthopedic Surgery, Sports Medicine

### 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 21-year-old male who reported injuries while bending over to secure a mechanical harness on 03/03/2013. On 08/18/2014, his diagnoses included lumbar sprain/strain, displacement of lumbar IVD without myelopathy, sciatica, neuralgia or neuritis of the sciatic nerve, myoclonus, muscle spasms and status post lumbar microdiscectomy or nucleoplasty. His complaints included low back and bilateral sciatic pain rated 8/10. Muscle tightness in the lumbar paraspinal muscles on the right and the gluteal muscles on the left. Upon palpation there was a moderate degree of pain on the left ilium and L5 on the right with mild pain at L5 on the left. There was spinal tenderness from L5-S1. Straight leg raising test was positive at 45 degrees bilaterally. Lasegue's test was positive on the right. X-rays on 12/30/2013, revealed 5 lumbar vertebra, pedicle shadows were intact; SI joints, hip joints were partially visualized and unremarkable; the lateral view showed straightening of the lumbar lordosis; disc heights were well preserved; there was a left L5 hemilaminectomy defect. There was no rationale or Request for Authorization included in this injured worker's chart.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Anterior disk arthroplasty with neuromonitoring at 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), 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 Official Disability Guidelines (ODG), Low Back Lumbar & Thoracic, Disc prosthesis (arthroplasty).

**Decision rationale:** The request for anterior disk arthroplasty with neuromonitoring at L5-S1 is not medically necessary. The Official Disability Guidelines do not recommend disc prosthesis. 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. The studies quoted in the guidelines have failed to demonstrate superiority of disc replace over lumbar fusion, which is also not a recommended treatment in the Official Disability Guidelines for degenerative disc disease. All surgical requests must be supported by original diagnostic studies. They cannot be an interpretation from the physician or summarization within a submitted document. X-rays can be addressed within a clinical note. There was no MRI or electrodiagnostic study included in the submitted documentation. Furthermore, the guidelines do not support this procedure. Therefore, this request for anterior disk arthroplasty with neuromonitoring at L5-S1 is not medically necessary.

**Associated surgical service: assistant surgeon:** 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 the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Associated surgical service: one night 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 the primary procedure is not medically necessary, none of the associated services are medically necessary.