

<b>Case Number:</b>	CM15-0134659		
<b>Date Assigned:</b>	07/22/2015	<b>Date of Injury:</b>	12/20/2005
<b>Decision Date:</b>	08/20/2015	<b>UR Denial Date:</b>	07/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/13/2015

### 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, Indiana, Oregon  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 63 year old male who sustained an industrial injury on 12/20/05. Per Utilization review, the mechanism of injury was lifting heavy equipment. He currently complains of constant low back pain with radiation to bilateral lower extremities; he has weakness in the right lower extremity and numbness in the left lower extremity. On physical exam there was tenderness over the paraspinal muscles overlying the facet joints with spasm over the paraspinal with decreased range of motion and positive straight leg raise on the left. Per progress note dated 1/14/15, the injured worker wished to defer lumbar discogenic medial branch nerve blocks as well as lumbar rhizotomy and was interested in surgery. Medications were cyclobenzaprine, diclofenac, duloxetine, gabapentin, oxycodone, OxyContin, sumatriptan. Diagnoses include degeneration of the lumbar intervertebral disc; lumbosacral radiculitis chronic pain. Treatments to date include medications. Diagnostics include MRI of the lumbar spine (4/1/14) showing multilevel degenerative disc disease, disc bulging, bilateral foraminal stenosis. On 7/1/15 Utilization review evaluated requests for spinal arthroplasty disc replacement at L4-5 and L5-S1 followed by decompression L3-4 with collflex quantity 1; assistant surgeon; hospital stay for three to five days; pre-operative medical clearance.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Spinal arthroplasty disc replacement at L4-5 and L5-S1 followed by decompression L3-4 with colflex quantity: 1: 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 (updated 5/15/15), Disc prosthesis.

**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.

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of disc arthroplasty. According to the ODG, Low Back, Disc prosthesis, it is not recommended. It states, while artificial disc replacement (ADR) 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 multiple studies cited in the review have failed to demonstrate superiority of disc replacement over lumbar fusion, which is also not a recommended treatment in ODG for degenerative disc disease. In this case there is no evidence of any surgically treatable lesion or instability in the lumbar spine. There is chronic narcotic use. There is no evidence of psychiatric clearance. Based on all these, the request is not medically necessary.

**Associated surgical service: Hospital stay for three to five days: Upheld**

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

**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.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Associated surgical service: Assistant surgeon quantity: 1: Upheld**

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

**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.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Medical clearance pre-operative quantity: 1: Upheld**

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

**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.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.