

<b>Case Number:</b>	CM14-0138364		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	06/09/2014
<b>Decision Date:</b>	10/28/2014	<b>UR Denial Date:</b>	08/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2014

### 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 Spine Surgeon and is licensed to practice in Texas. 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 40-year-old male who reported an injury on 06/09/2014 due to cumulative trauma while performing normal job duties. The injured worker's treatment history included physical therapy, a home exercise program, chiropractic care, traction, exercise, and a TENS Unit. The injured worker was evaluated on 08/07/2014. It was documented that the injured worker had 9/10 pain that radiated into the bilateral lower extremities and prevented the injured worker from participating in normal activities of daily living. Physical findings included limited range of motion secondary to pain with a positive straight leg raising test bilaterally producing back pain and right sided radiating pain. The injured worker's treatment plan at that appointment included artificial disc replacement at the L5-S1. The injured worker was again evaluated on 09/22/2014. Physical findings included restricted lumbar range of motion secondary to pain with tenderness to palpation of the sacroiliac joints. The patient had normal motor strength and deep tendon reflexes with no evidence of sensory deficits. It was noted that the injured worker's treatment plan from that appointment included L5-S1 fusion over artificial disc replacement. No Request for Authorization form was submitted to support the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Surgery: Disc Replacement Arthroplasty at L5-S1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Disc Replacement

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Disc Prosthesis

**Decision rationale:** The requested surgery: disc replacement arthroplasty at L5-S1 is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends surgical intervention for spinal column injuries be supported by radicular findings corroborated by an imaging study that have failed to respond to conservative treatment. The clinical documentation submitted for review does not clearly identify significant radicular findings that would benefit from surgical intervention to the spinal column. Furthermore, the American College of Occupational and Environmental Medicine recommends a psychological assessment prior to surgical intervention of the spine. There is no documentation that the injured worker has undergone a formal psychological assessment prior to the requested surgery. Official Disability Guidelines do not support the use of artificial disc replacement over a standard fusion surgery. The clinical documentation did not provide any discussion of why artificial disc replacement would be more beneficial to this injured worker over the standard fusion surgery. Additionally, there is no imaging study provided to support the need for any type of surgical intervention. As such, the requested surgery: disc replacement arthroplasty at L5-S1 is not medically necessary or appropriate.