

<b>Case Number:</b>	CM15-0103905		
<b>Date Assigned:</b>	06/08/2015	<b>Date of Injury:</b>	07/22/2011
<b>Decision Date:</b>	07/10/2015	<b>UR Denial Date:</b>	05/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/29/2015

### 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: New York

Certification(s)/Specialty: Neurological 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 37 year old female who sustained an industrial injury on July 22, 2011. She has reported pain in the lumbar region and has been diagnosed with lumbago and chronic pain syndrome. Treatment has included chiropractic care, physical therapy, injection, medical imaging, acupuncture, and medications. The thoracic spine was non tender. Trigger points were absent. She did have pain to the lower back. Spine extension was restricted and painful. Gait was favoring the right lower extremity, with a limp. The treatment request included surgery and pre-operative clearance.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**L4-5 ADR:** 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) Low Back Chapter-Disc prosthesis updated 5/5/15.

**Decision rationale:** The ODG guidelines do not recommend lumbar disc prosthesis placement. The guidelines note that the artificial disc replacement is a strategy for treating degenerative disc disease but it is not possible to draw positive conclusions about the ability to improve patient outcomes. The failure of multiple treatment options for this obese patient does not support the likelihood surgical intervention would make a difference either. The requested treatment: L4-5 ADR is NOT Medically necessary and appropriate.

**Associated 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 service: Inpatient 3 days:** 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 service: Pre op clearance:** 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.