

<b>Case Number:</b>	CM15-0145884		
<b>Date Assigned:</b>	08/06/2015	<b>Date of Injury:</b>	10/09/2013
<b>Decision Date:</b>	10/07/2015	<b>UR Denial Date:</b>	07/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/27/2015

### 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  
 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(n) 29 year old male, who sustained an industrial injury on 10-9-13. He reported pain in his lower back after lifting a heavy object. The injured worker was diagnosed as having lumbosacral spondylosis without myelopathy, lumbar disc displacement and thoracolumbar radiculitis. Treatment to date has included physical therapy x 6 sessions, a lumbar MRI on 1-29-14, an EMG-NCV of the bilateral lower extremities on 2-5-14, acupuncture, Norco, Ibuprofen and Lidoderm patches. As of the PR2 dated 6-10-15, the injured worker reports persistent severe lower back pain that radiates to the legs. Objective findings include a positive straight leg raise test bilaterally and pain over the sciatic notches. The treating physician requested an L4-L5 and L5-S1 arthroplasty, a 2-3 day inpatient stay, pre-operative clearance, an LSO back brace and post-operative aquatic therapy 3 x weekly for 6 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**L4-L5, L5-S1 arthroplasty:** 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, 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, Disc prosthesis.

**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 studies quoted below have failed to demonstrate superiority of disc replacement over lumbar fusion, which is also not a recommended treatment in ODG for degenerative disc disease. As the guidelines do not support disc arthroplasty, the request is not medically necessary.

**Associated Service: 2-3 day inpatient 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:** As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate. This review presumes that a surgery is planned and will proceed. There is no medical necessity for this request if the surgery does not occur.

**Preoperative 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:** As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate. This review presumes that a surgery is planned and will proceed. There is no medical necessity for this request if the surgery does not occur.

**Lumbar sacral orthotic (LSO) back brace:** 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:** As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate. This review presumes that a surgery is planned and will proceed. There is no medical necessity for this request if the surgery does not occur.

**Postoperative aquatic therapy 3 visits per week x 6 weeks:** 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:** As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate. This review presumes that a surgery is planned and will proceed. There is no medical necessity for this request if the surgery does not occur.