



**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is xx years of age who had a work incident on xx/xx/xx or over three years ago. He was placed at MMI on 6/20/07. He has apparently not returned to work.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. IF THERE WAS ANY DIVERGENCE FROM DWC'S POLICIES/GUIDELINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.**

Dr. had proposed an IDET procedure at L5-S1 which was apparently approved per IRO overturn of preauthorization denials. However, the ( ) on 5/8/08 resulted in an overturn of the IRO decision. The patient had a lumbar MRI which allegedly showed a minimal disc bulge at L4-5 and L5-S1 however, this 1-2 mm disc abnormality was called a herniation per the radiologist.

On 8/24/07, Dr. interpreted the electrodiagnostic study to show a left L5-S1 radiculopathy. Dr. on 6/26/08 proposed L5-S1 disc arthroplasty as the L5-S1 IDET was denied per the

The use of disc arthroplasty has not been validated as superior to fusion. There is noted radiculopathy per Dr. which per ODG criteria is an exclusion criteria for a disc prosthesis. Thus, the request is not deemed a medical necessity per physiologic or ODG criteria.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

XX MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

XX ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES