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| Case Number: | CM13-0008987 | | |
| Date Assigned: | 09/12/2013 | Date of Injury: | 08/02/2010 |
| Decision Date: | 01/22/2014 | UR Denial Date: | 07/17/2013 |
| Priority: | Standard | Application Received: | 08/09/2013 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in California. 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 physician 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 patient is a 53-year-old female who sustained a work related injury to her lumbar spine on 05/31/11. The clinical records include an 8/8/13 assessment with [REDACTED] for subjective complaints of chronic low back and leg pain. The pain is no better, and is severe in nature; the physical examination showed 4-/5 strength to the plantar and dorsiflexors bilateral, sensation diminished at the level of the L5 and S1 dermatomal distributions, and restricted lumbar motion. An MRI report dated 10/3/11 showed the L4-5 level to be with a grade I degenerative spondylolisthesis with disc bulging resulting in bilateral lateral recess stenosis and L5 nerve root impingement. Radiographs from 11/05/02 showed evidence of prior spinal fusion at the L2-3 level with a grade I anterolisthesis of L4 on L5 which is noted to "remain stable on flexion and extension x-rays". Electrodiagnostic studies from 10/28/11 were negative for radiculopathy. Recent conservative care is not documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for anterior and posterior lumbar fusion and decompression at the level L4-L5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 307.

Decision rationale: While the claimant is noted to be with a grade I spondylolisthesis flexion and extension films available for review of the lumbar spine showed no evidence of segmental instability. This, coupled with the claimant's negative electrodiagnostic studies and failure to document recent conservative measures, would fail to necessitate the role of the proposed prior procedure. The California ACOEM Guidelines recommend lumbar fusion for "cases with spine related fracture or dislocation" as well as for "increased spinal instability after surgical decompression at a level of prior degenerative spondylolisthesis". This claimant would not meet ACOEM Guidelines for clinical criteria for fusion at present.