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| Case Number: | CM13-0028567 | | |
| Date Assigned: | 11/27/2013 | Date of Injury: | 07/22/2008 |
| Decision Date: | 01/29/2014 | UR Denial Date: | 09/10/2013 |
| Priority: | Standard | Application Received: | 09/25/2013 |

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 New York, Washington, and New Hampshire. 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.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

51 yo male sustained back injury on 7/22/2008. He slipped and fell and hurt his back. He has documented lumbar spondylolisthesis. On exam he has pain with forward flexion of the spine. Neurologic deficit is not documented in the lower extremities other than EHL slight weakness and diminished left S1 reflex. Another exam indicates 4/5 muscle strength without specific groups identified. Records do not indicate any physical therapy over the last few years. MRI of the lumbar spine 2/14/2013 shows L5-S1 ddd with disc bulges at L5-S1, L3-4, and L2-3. Radiographic instability is not documented. At issue is the need for spinal fusion surgery at this time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior lumbar interbody fusion L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 308-310.
Decision based on Non-MTUS Citation ODG Low Back, Fusion

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, Fusion.

Decision rationale: This patient does not meet established criteria for lumbar fusion surgery. There is no documented abnormal instability at the L5-S1 level. While there is spondylolisthesis,

there is no record of instability and abnormal motion at the L5-S1 spondylolisthesis level. Also, there are no red flag indicators for fusion. There is no fracture, tumor, or major neurologic deficit. Lumbar fusion surgery is not medically needed. Also, there is not a recently documented trial and failure of conservative measures to include physical therapy.

Posterior lumbar fusion: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 308-310.
Decision based on Non-MTUS Citation ODG Low Back, Fusion

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, Fusion.

Decision rationale: This patient does not meet established criteria for lumbar fusion surgery. There is no documented abnormal instability at the L5-S1 level. While there is spondylolisthesis, there is no record of instability and abnormal motion at the L5-S1 spondylolisthesis level. Also, there are no red flag indicators for fusion. There is no fracture, tumor, or major neurologic deficit. Lumbar fusion surgery is not medically needed. Also, there is no a recently documented trial and failure of conservative measures to include physical therapy.