MAXIMUS Federal Services

Case Number:	CM13-0035751		
Date Assigned:	12/13/2013	Date of Injury:	11/04/2009
Decision Date:	02/14/2014	UR Denial Date:	09/26/2013
Priority:	Standard	Application Received:	10/17/2013

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 has a subspecialty in Fellowship trained in Spine Surgery, and is licensed to practice in Texas and Califonia. 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 39-year-old male who reported an injury on 11/04/2009; the mechanism of injury was not provided. The patient's physical examination on 09/03/2013 revealed the patient had full power of all major myotomes of the upper and lower extremities and was intact to light touch sensation of all major dermatomes of the upper extremities and lower extremities. The patient was noted to have a provocative lumbar disco gram, a CT scan, and an MRI. The patient was noted to have continuous back and leg pain, the worst being the back pain. The patient denied bowel or bladder problems. The diagnosis was noted to include lumbar spondylolisthesis and the request was for a posterior lumbar fusion at L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Posterior lumbar fusion L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307.

Decision rationale: ACOEM Guidelines recommend there should be a surgical consultation for patients who have severe and disabling lower leg symptoms in a distribution consistent with

abnormalities on imaging studies including radiculopathy, preferably with objective signs of neural compromise; activity limitations due to radiating leg pain for more than 1 month or extreme progression of lower leg symptoms; and clear clinical imaging evidence of a lesion that has been shown to benefit in both the short-term and long-term from surgical repair and additionally, failure of conservative treatment to resolve disabling radicular symptoms. It further indicates that a surgical fusion is indicated for patients with increased spinal instability after surgical decompression at the level of degenerative spondylolisthesis. The clinical documentation submitted for review indicated the patient had a first CT of the lumbar spine without contrast which revealed the patient had slight anterolisthesis 3 cm of L5 with respect to S1 and there was a suspect of a bilateral pars defect at L5. The CT of the lumbar spine revealed bilateral L5 pars defect without evidence for spondylolisthesis. The lumbar MRI revealed degenerative disc disease at L5-S1. The physical examination revealed the patient had full power of all major myotomes of the upper extremities and lower extremities and the dermatomes were noted to be intact to light sensation in the upper extremities and lower extremities. The clinical documentation submitted for review failed to indicate the patient had objective findings of spinal instability. There was a lack of documentation of failure of conservative treatment to resolve disabling radicular symptoms. There was clear imaging evidence of a lesion that has been shown to benefit in both the long-term and short-term from surgical repair. However, given the above and the lack of documentation and objective findings of instability, the request for a posterior lumbar fusion at L5-S1 is not medically necessary.