

Case Number:	CM13-0036116		
Date Assigned:	12/13/2013	Date of Injury:	05/30/2012
Decision Date:	02/12/2014	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	10/21/2013

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 55 year old female who was injured in a work related accident on 05/30/12 sustaining injury to the low back. Clinical records for review include an 11/13/13 orthopedic assessment continued low back pain with subjective findings of bilateral leg pain, right greater than left. A physical examination showed 5/5 motor strength to the bilateral lower extremities with equal and symmetrical reflexes and no sensory deficit. The patient was diagnosed with a L4-5 spondylolisthesis. Formal imaging for review included the L3-4 level to be with a 5 mm disc protrusion with right sided greater than foraminal stenosis. Records do not indicate documented instability. The treatment request is that for a lumbar fusion with the use of a postoperative corset.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-5 Posterior lumbar fusion: Upheld

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

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

Decision rationale: Based on California ACOEM Guidelines, the role of posterior lumbar fusion would not be indicated. While the claimant is noted to be with a L4-5 spondylolisthesis, there is no clinical indication of a level. The records indicate that spinal instability after prior surgical decompression can be indicated in the setting of a degenerative spondylolisthesis. At present, there is no current indication for this treatment as no prior surgical intervention has been obtained. Furthermore in this case, the claimant's recent physical examination fails to demonstrate any degree of a progressive neurologic finding, noting normal motor sensory and reflexive changes to the lower extremities. The surgical request in this case would not be indicated.

L4-5 Posterior lumbar interbody fusion: Upheld

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

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

Decision rationale: This specific request is not supported based on the answer in question #1 as this is an extension of the procedure in question.

L4-5 Posterior Non-segmental instrumentation: Upheld

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

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

Decision rationale: This request also would not be indicated as this is an extension for the surgical request in question #1 that was not supported.

L4-5 Intervertebral device: Upheld

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

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

Decision rationale: The process in this question is not supported as the request is an extension of the surgical request in question #1 that is not indicated.

Harvest Iliac crest auto graft: Upheld

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

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

Decision rationale: This specific request would not be indicated as this request is an extension of the surgical request in question #1 that was not supported.

L4-5 Laminectomy with facetectomy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back.

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

Decision rationale: This request is also not supported as it is a request as an extension of the surgical request in question #1.

Lumbar corset: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 9, 298, 301.

Decision rationale: California MTUS Guidelines would not support the role of a lumbar corset. The role of operative intervention in this case has not been indicated, thus, negating the need for postoperative immobilization of the lumbar spine.