

<b>Case Number:</b>	CM13-0037403		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	06/22/2012
<b>Decision Date:</b>	02/03/2014	<b>UR Denial Date:</b>	09/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/27/2013

### 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 27 year old male who reported an injury on 06/22/2012. The mechanism of injury was noted to be the patient lifting crates of avocados weighing 25 to 50 pounds. The patient was noted to have a positive straight leg raise on the right side. The patient was noted to have an MRI on 09/18/2012 which revealed a disc protrusion at L1-2 and L5-S1 without significantly compromising the central canal or neural foramina. The patient was noted to have a CT scan revealed a bilateral L5 Pars interarticular defect. The radiographs revealed 3.5 mm of instability at L5-S1. The patient was noted to have a history of axial back pain worsening with activities, standing, sitting, and lifting. The patient's diagnosis was noted to be L5-S1 isthmic spondylolisthesis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Anterior lumbar interbody fusion (ALIF) L5-S1 and posterior spinal fusion (PSF) L5-S1:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301, 305-307.

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

**Decision rationale:** California MTUS/ACOEM Guidelines state surgical consultation is indicated for patients who have severe and disabling lower extremity symptoms, activity limitations due to radiating leg pain for more than 1 month, extreme progression of lower extremity symptoms, clear clinical, imaging, and electrophysiological evidence of a lesion that has been shown to benefit in both short and long term from surgical repair, and failure of conservative treatment to resolve disabling radicular symptoms. Patients with increased spinal instability after surgical decompression at the level of degenerative spondylolisthesis may be candidates for fusion and that a patient should have a psychological screening to improve surgical outcomes. The patient was noted to have a CT scan which per the note dated 08/07/2013 revealed the patient had bilateral L5 pars intra-articular defects. Additionally, the note indicates the patient had an L5 poorly performed peroneal F-wave with questionable evidence of damage to the L5 nerve root on the right side. The patient was noted to have an MRI on 09/18/2012 which revealed a disc protrusion at L1-2 and L5-S1 without significantly compromising the central canal or neural foramina. The patient was noted to have a 3.5 mm of instability in flexion and extension on films that were done 09/18/2013. It was noted that the patient had been treated for unstable spondylolisthesis with maximized conservative treatment to no benefit. The conservative treatments were noted to have included epidural steroid injections, physical therapy, chiropractic treatments, and medication management. The patient's physical examination was noted to include decreased sensation along the dorsum of the foot on the right side and strength in the iliopsoas and quadriceps and tibialis anterior on the right was noted to be 4+/5 and the EHL was noted to be 4+/5 bilaterally. However, there was lack of documentation indicating the patient underwent the recommended psychological screening. The MRI failed to indicate the patient had central canal compromise. Additionally, there was lack of documentation of the date of service efficacy and duration of physical therapy. Given the above, the request for ALIF L5-S1, PSF L5-S1 is not medically necessary. Since the primary procedure is not medically necessary, none of the associated services are medically necessary.