

Case Number:	CM13-0037918		
Date Assigned:	12/18/2013	Date of Injury:	08/13/2011
Decision Date:	04/01/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	10/24/2013

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 Hampshire. He/she has been in active clinical practice for more than five years and is currently working least at 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 42-year-old female was injured on August 13, 2000 and the mechanism occurred when she was pulling up at work. She complains of chronic low back pain and bilateral lower extremity pain. Conservative treatment including physical therapy, medication, an epidural steroid injections have been conducted without relief of her pain. Physical examination the patient has normal motor strength in the bilateral lower extremities. There are symmetric reflexes in the bilateral lower extremities. The back is limited range of motion. There is bilateral positive straight leg raise. Lumbar MRI from August 2013 shows 5 mm spondylolisthesis at L5-S1 and some retrolisthesis at L3-4. At issue is whether L5-S1 anterior lumbar interbody fusion is medically needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DISCECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); LUMBAR: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG

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

Decision rationale: This patient does not meet established criteria for lumbar fusion. Specifically, the medical records do not document abnormal movement or instability at the L5-S1 segment. There is no documentation on flexion-extension radiographs showing abnormal movement of vertebrae in the lumbar spine. There is no documentation of instability in the lumbar spine. The patient does not have any rate for leg indicators for lumbar spinal fusion such as fracture, tumor, worsening neurologic deficit, or overt instability. Established criteria for lumbar fusion surgery are not met in this case.