

Case Number:	CM13-0048037		
Date Assigned:	04/04/2014	Date of Injury:	11/29/2011
Decision Date:	08/25/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	11/04/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert 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 expert 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:

This is a 64-year-old male patient with an 11/29/11 date of injury. The patient injured his low back while lifting at the piece of wood. 2/7/14 progress report indicates persistent low back pain radiating down the lateral legs. The patient also complains of weakness in the bilateral feet, left greater than right. Objective findings include positive straight-leg raise test, left tibialis anterior and quadriceps weakness, difficulty performing heel and toe walking. 9/23/13 progress report indicates persistent low back pain radiating to the left leg. Physical exam demonstrates severe tension signs on the left leg. There is severe limitation in lumbar range of motion, weakness of the left quadriceps and tibialis anterior. There is degenerative spondylolisthesis at L5-S1, severe canal stenosis at L5-S1. 8/12/12 electrodiagnostic testing demonstrates chronic bilateral L5-S1 radiculopathy. 3/11/13 lumbar x-ray demonstrates grade 1 spondylolisthesis without instability and spondylolisthesis. 3/11/13 lumbar magnetic resonance imaging (MRI) demonstrates 1 cm anterolisthesis of L5 on S1 with severe stenosis. Treatment to date has included physical therapy, medication, lumbar injections, lumbar bracing, neuromuscular stimulator, chiropractic care, and activity modification. There is documentation of a previous 10/4/13 adverse determination for lack of clinical L5-S1 radiculopathy and lack of psychological evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

ANTERIOR LUMBAR INTERBODY FUSION AT L5 S1 WITH OPEN REDUCTION PLACEMENT OF PEEK(POLY ETHER ETHER KETON) INTERBODY GRAFT,

FOLLOWED BY POSTERIOR SPINAL FUSION WITH INSTRUMENTATION AND OPEN REDUCTION, PLACEMENT OF PEDICLE SCREWS .: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): (page 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines ODG (Low Back Chapter) Decompression, Fusion.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) states that surgical intervention is recommended for patients who have severe and disabling lower leg symptoms in the distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise; activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms; clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long-term from surgical repair; and failure of conservative treatment. In addition, California MTUS states that there is no good evidence from controlled trials that spinal fusion alone is effective for treating any type of acute low back problem, in the absence of spinal fracture, dislocation, or spondylolisthesis if there is instability and motion in the segment operated on. The patient presents with a clinical motor deficit corresponding to the proposed decompression level, corroborated by clinical history, subjective complaints, and non-response to appropriate attempts at conservative management. Lumbar magnetic resonance imaging (MRI) demonstrates 1 cm anterolisthesis of L5 on S1 with severe stenosis. The L5-S1 anterolisthesis is described as degenerative spondylolisthesis, an indication for associated fusion. While a psychological clearance would be required for fusion for chronic low back pain, a clear degenerative spondylolisthesis would not require psychological clearance. Therefore, the request for anterior lumbar interbody fusion at L5 S1 with open reduction placement of peek(poly ether ether keton) interbody graft, followed by posterior spinal fusion with instrumentation and open reduction, placement of pedicle screws is medically necessary.