

Case Number:	CM13-0059843		
Date Assigned:	12/30/2013	Date of Injury:	07/06/2007
Decision Date:	05/19/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	12/02/2013

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, has a subspecialty in Fellowship trained in Spine 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:

The injured worker is a 42-year-old male who reported an injury on 07/06/2007. The mechanism of injury was that the injured worker was taking a box down while standing on a ladder. The injured worker has been treated with medications, acupuncture, acupressure, physical therapy, chiropractic treatment and epidural steroid injections. The documentation of 08/13/2013 revealed that the injured worker had decreased range of motion, intact motor strength and sensation and absent deep tendon reflexes in the lower extremities. The calf circumference measured 17 inches on the right and 16.5 inches on the left. The diagnosis was lumbar stenosis and lumbosacral spondylosis and spondylolisthesis. It was indicated that the injured worker was considering surgery for his lumbar spine. The subsequent examination of 10/08/2013 revealed a positive straight leg raise on the left and provided documentation of the 07/09/2012 MRI, which revealed that at L5-S1, there was a grade I anterolisthesis of 3 mm with bilateral pars interarticularis defects and disc bulging and facet arthrosis, resulting in moderate left and mild right foraminal stenosis; and at the level of L4-5, there was moderate central canal stenosis. A 7 mm right synovial cyst was present with mild deformity of the posterior aspect of the thecal sac. The request was made for an L4-S1 360 degree surgery for his symptoms as the injured worker had failed conservative therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4 TO SI 360 LUMBAR SURGERY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: ACOEM Guidelines indicate that except for cases of trauma-related spinal fracture or dislocation, fusion of the spine is usually not considered within the first 3 months of symptoms. Patients with increased spinal instability not work-related after surgical decompression at the level of degenerative spondylolisthesis may be candidates for fusion. There is no good evidence from controlled trials that spinal fusion alone is effective for treating any type of acute low back problems in the absence of spinal fracture, dislocation or spondylolisthesis if there is instability and motion in the segment that is operated on. The injured worker had decreased range of motion, intact motor strength and sensation and absent deep tendon reflexes in the lower extremities. The calf circumference was a half inch less on the left side. The reported MRI indicated that at the level of L5-S1, the injured worker had listhesis and a large neural defect; however, at L4-5 and it was indicated that the injured worker had moderate canal stenosis. However, the clinical documentation submitted for review failed to indicate that the injured worker had an indication of instability at the requested levels. The official MRI was not provided for review. Given the above, the request for an L4-S1 360 lumbar surgery is not medically necessary.