

Case Number:	CM14-0006215		
Date Assigned:	02/05/2014	Date of Injury:	04/26/2011
Decision Date:	08/27/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	01/14/2014

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 Texas. 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 60-year-old male who reported an injury on 04/26/2011. The mechanism of injury was the injured worker was bending to retrieve cash from a safe. Other therapies included physical therapy. The injured worker underwent an MRI of the lumbar spine on 10/15/2013 with an official read. At the level of L5-S1, there was a grade 2 anterolisthesis of L5 on S1 measuring 1.3 cm with an associated partial unroofing of the L5-S1 disc and Modic type 2 end plate changes at L5-S1. These findings are the result of chronic-appearing bilateral pars intra-articularis fractures. There is resultant severe bilateral neural foraminal narrowing with near obliteration of the neural foramen. There was no canal stenosis at this level. The documentation of 01/02/2014 revealed the injured worker had low back pain and bilateral leg pain. The injured worker indicated that physical therapy did not help him and he had not had any epidural steroid injections. The injured worker's medications were noted to include Ultram ER 150 mg for pain, Menthaderm gel 120 mg to use as a topical analgesic, Flexeril 7.5 mg. for muscles spasm, Neurontin 600 mg for the neuropathic pain and Protonix 20 mg for prophylaxis use. The physical examination revealed the injured worker had plantiflexors and dorsiflexors of 4+/5 bilaterally. Sensation was intact to light touch bilaterally. Both patellar and Achilles reflexes were physiologic and symmetric bilaterally. The injured worker could forward bend approximately 40 degrees and extend with extension jog. The physician reviewed the MRI of the lumbar spine and opined there was a grade 2 spondylolisthesis of L5 over S1 with significant foraminal stenosis bilaterally. The L5 nerve root was pinched significantly. The treatment plan included as the injured worker had significant instability at the level of L5-S1 and had completed a course of nonoperative care including physical therapy that had not helped him, he should have an anterior posterior L5-S1 fusion. The treatment plan included an anterior posterior L5-S1 fusion, as the injured worker had significant instability at the level of L5-S1 and had completed a course of

nonoperative care including physical therapy that had not helped him. The request was made for an anterior and posterior lumbar fusion and decompression at the level of L5-S1, a bone stimulator, and a BOA back brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

ANTERIOR AND POSTERIOR LUMBAR FUSION, DECOMPRESSION LEVEL L5-S1: Upheld

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

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

Decision rationale: The ACOEM Guidelines indicate a surgical consultation may be appropriate for injured workers who have severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging, preferably with accompanying objective signs of neural compromise. There should be documentation of activity limitation due to radiating leg pain for more than 1 month or extreme progression of lower leg symptoms. There should be clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both short and long-term from surgical repair. There should be documentation of a failure of conservative treatment to resolve disabling radicular symptoms. The clinical documentation submitted for review indicated the injured worker had clear clinical findings. The documentation additionally indicated the patient had a grade 2 anterolisthesis of L5 on S1. However, there was a lack of documentation of electrophysiologic evidence of a lesion. There was documentation of a failure of conservative treatment to resolve disabling radicular symptoms. The documentation indicated the injured worker had undergone flexion and extension x-rays. However, the results of those x-rays were not provided to support the injured worker spinal instability, while the physician documentation indicated the injured worker had spinal instability. Given the above, the request for anterior and posterior lumbar fusion decompression at the level of L5-S1 is not medically necessary.

2 DAY INPATIENT STAY: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

