

Case Number:	CM14-0104385		
Date Assigned:	07/30/2014	Date of Injury:	10/14/2013
Decision Date:	10/10/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	07/07/2014

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 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 46-year-old gentleman who sustained a low back injury in a work related accident on 10/14/13. The progress report dated 05/29/14 documented ongoing complaints of low back and left leg pain, worse with activities. Physical examination showed weakness of the gastrocnemius on the left, a diminished left Achilles reflex, positive nerve tension straight leg raising and pain with lumbar range of motion. The diagnosis was spondylolisthesis of L5-S1. The recommendation was made for a fusion procedure at the L5-S1 level with instrumentation. Review of diagnostic testing included the electrodiagnostic studies of May 2014 identifying a chronic L5 radicular process. The report of a lumbar MRI dated 05/29/14 MRI revealed multilevel facet disease with lateral recessed stenosis most pronounced at the L5-S1 level. There was no documentation of plain film radiographs to support instability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior Disectomy Fusion with Peek Instrumentation of L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Preoperative Testing, Preoperative Lab Testing, Low Back Preoperative Electrocardiogram (ECG)

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

Decision rationale: Based on California ACOEM Guidelines, the request for Anterior Disectomy and Fusion with Peek Instrumentation of L5-S1 cannot be recommended as medically necessary. The medical records do not identify any evidence of instability on recent imaging. The guidelines recommend 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. While there is evidence of stenotic findings at the L5-S1 level with concordant findings on examination, the lack of documented instability would fail to support a fusion procedure as requested.