

Case Number:	CM14-0109618		
Date Assigned:	08/01/2014	Date of Injury:	01/28/2010
Decision Date:	09/03/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	07/15/2014

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:

The claimant is a 47-year-old male mechanic who sustained a vocational injury on January 20, 2010 due to accumulative trauma. The records provided for review document working diagnoses to include lumbar strain, chronic cervical strain, and lytic grade II spondylolisthesis at L4-5 with radiculopathy. Past medical history for the claimant includes lumbar spine and right hip surgery and a psychiatric history of anxiety, depression, and insomnia. It was noted in a prior Utilization Review that the claimant is a nonsmoker. The office note dated May 8, 2014 noted complaints of low back pain that radiated down the back and front of both legs, worse with sitting, standing and walking for long periods of time. Examination revealed that he was able to walk on his toes and heels and had diminished lumbar flexion and extension with noted back pain. Bilateral/lateral flexion was also noted to be mildly diminished with mild back pain. The claimant had 5/5 strength of the bilateral lower extremities and numbness in the right lateral calf. He had trace bilateral patellar and Achilles reflexes. The report of radiographs of the lumbar spine from May 8, 2014 noted normal lumbar lordosis. There was advance loss of disc height at L4-5 associated with 13 mm of anterolisthesis at L4-5. There were bilateral intra-articular defects at L4. There was mild loss of disc height at L1-2 and L2-3 associated with mild anterior osteophytes. There was no evidence of spondylolysis or spondylolisthesis. The report of an MRI of the lumbar spine from May 28, 2014 showed at the L4-5 level a 9 millimeter degenerative anterolisthesis of L4 with respect to L5. There was redundant disc protruding cephalad behind the L4 vertebral body into the ventral canal which severely narrowed the right neural foramen impinging the right L4 nerve root. There was redundant disc protruding, cephalad and into the left neural foramen moderately narrowing the left neural foramen without nerve root impingement. There was tiny 2 millimeter subligamentous right sided synovial cyst without significant effacement of the right lateral canal. At the L5-S1 level, there was a 4 millimeter

central protrusion with partial annular tear without nerve root impingement or canal stenosis. Conservative treatment is documented to include physical therapy, two epidural steroid injections and medications which failed to yield any significant relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

Laminectomy at L4, L5 and S1, posterior lumbar interbody fusion with interbody fusion cages L4-L5 and L5-S1, and posterolateral fusion L4-L5 and L5-S1 with instrumentation and iliac crest bone graft: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306.

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

Decision rationale: California ACOEM Guidelines and supported by the Official Disability Guidelines do not recommend the request for laminectomy L4, L5 and S1, posterior lumbar interbody fusion with interbody fusion cages L4-L5 and L5-S1, and posterolateral fusion L4-L5 and L5-S1 with instrumentation and iliac crest bone graft as medically necessary. The documentation indicates that the claimant has a past psychiatric history but there is no documentation of a psychosocial screen which is recommended by the Official Disability Guidelines prior to considering lumbar fusion in the Worker's Comp. setting. In addition to the absence of psychosocial screening, documentation also fails to clearly outline the quantity and response to formal physical therapy, the level of the previous epidural steroid injections, and also establish that anti-inflammatories and/or muscle relaxants have been utilized in an attempt to relieve the claimant's subjective complaints. In addition, there is a lack of documentation of instability on the most recent MRI available for review or on physical exam objective findings. ACOEM Guidelines recommend Fusion in circumstances of spinal fracture, dislocation, or spondylolisthesis if there is instability and motion in the segment operated on. Therefore, based on the documentation presented for review and in accordance with California MTUS, ACOEM and Official Disability Guidelines, the request for laminectomy at L4, L5 and S1, posterior lumbar interbody fusion with interbody fusion cages at L4-5 and L5-S1 and posterior lateral fusion at L4-L5 and L5-S1 with instrumentation and iliac crest bone graft is not medically necessary and appropriate.