

Case Number:	CM14-0019823		
Date Assigned:	04/28/2014	Date of Injury:	12/21/2010
Decision Date:	07/08/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/18/2014

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, has a subspecialty 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 56-year-old female who reported an injury on 12/21/2010 after lifting a heavy box. The injured worker reportedly sustained an injury to her low back. The injured worker's treatment history included physical therapy, medications, epidural steroid injections, and radiofrequency ablations. The injured worker underwent a lumbar discogram on 09/04/2013. It was documented that the injured worker had increased concurred pain at the L5-S1 level. The injured worker underwent a CT scan of the spine on 09/04/2013. It was documented that the injured worker had multilevel disc disease with retrolisthesis at the L2, L3, L5-S1 with mild to moderate L4-L5 canal stenosis and moderate to severe neural foraminal narrowing at the L5-S1. The injured worker was evaluated on 09/20/2013. It was noted that the injured worker's treatment history included 14 visits of chiropractic treatment, 14 visits of physical therapy, and 8 visits of acupuncture and multiple medications. Physical findings at that visit included decreased range of motion of the lumbar spine, decreased sensation at the L4 distribution on the left side, decreased motor strength of the TA and EHL bilaterally and diminished bilateral Achilles reflexes. The injured worker had a positive straight leg raising test bilaterally. The injured worker's diagnoses included herniated disc of the lumbar spine, advanced facet arthropathy, and lumbar radiculopathy. The injured worker's treatment plan included continuation of medications and posterior lumbar fusion at the L5-S1. The injured worker was again evaluated on 12/12/2013. Physical findings included decreased range of motion of the lumbar spine secondary to pain with decreased sensation in the L4 distribution and decreased motor strength in the lower extremities bilaterally, diminished bilateral Achilles reflexes. It is noted that the posterior spinal fusion with decompression at the L5-S1 continued to be requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

POSTERIOR SPINE FUSION L5-S1 WITH DECOMPRESSION: Upheld

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

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

Decision rationale: American College of Occupational and Environmental Medicine recommends spinal fusion when there is evidence of spinal instability or when surgical intervention will cause spinal instability. The clinical documentation does indicate that the injured worker has a retrolisthesis at the L5-S1. However, an adequate description of that retrolisthesis to support significant instability was not provided. There is no documentation that the injured worker has failed to respond to lesser surgical interventions. Clinical documentation does support that the injured worker has significant radiculopathy. However, in the absence of instability, fusion would not be supported at this time. As such, the requested posterior spine fusion at the L5-S1 with decompression is not medically necessary or appropriate.

POSTERIOR SPINE FUSION WITH TRANSFORAMNIAL LUMBAR INTERBODY FUSION AT L5-S1: Upheld

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

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

Decision rationale: American College of Occupational and Environmental Medicine recommends spinal fusion when there is evidence of spinal instability or when surgical intervention will cause spinal instability. The clinical documentation does indicate that the injured worker has a retrolisthesis at the L5-S1. However, an adequate description of that retrolisthesis to support significant instability was not provided. There is no documentation that the injured worker has failed to respond to lesser surgical interventions. Clinical documentation does support that the injured worker has significant radiculopathy. However, in the absence of instability, fusion would not be supported at this time. As such, the requested posterior spine fusion with transforaminal lumbar interbody fusion at L5-S1 is not medically necessary or appropriate.