

Case Number:	CM14-0138100		
Date Assigned:	09/05/2014	Date of Injury:	07/10/2013
Decision Date:	09/25/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	08/25/2014

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 60-year-old female dietary waitress sustained an industrial injury on 7/10/13. Injury was reported relative to repetitive heavy lifting, kneeling and bending activities. Past surgical history was positive for lumbar surgery in the early 1980s. The 4/23/14 lumbar spine x-rays documented significant loss of disc height at L4/5 and L5/S1. There was a subtle L4/5 spondylolisthesis with pars defects noted. There was no evidence of fracture, dislocation, or scoliosis. The 7/24/14 lumbar spine MRI documented decreased disc height, disc desiccation, and grade 1 spondylolisthesis at L4/5 associated with marked degenerative changes resulting in mild to moderate spinal stenosis and mild bilateral foraminal narrowing. There was decreased disc height, disc desiccation, anterolateral osteophytes, and a 1 mm diffuse disc bulge noted at the L5/S1 level with no thecal sac or nerve root compression and mild narrowing of the L5 neural foramina bilaterally. The 8/4/14 orthopedic report cited low back and left lower extremity pain. Lumbar spine exam documented stable range of motion, normal lower extremity strength, numbness left L5 dermatome, intact patellar reflexes, and diminished bilateral ankle reflexes. There was bilateral pelvic and paraspinal tenderness without spasm. MRI findings included grade 1 L4/5 spondylolisthesis with moderate stenosis, and significant L5/S1 spondylosis with bilateral laminotomy defects. The diagnosis was unstable grade 1 L4/5 spondylolisthesis, L5/S1 spondylolisthesis, and status post L5/S1 laminotomy. The patient had failed appropriate non-operative treatments. The treatment plan recommended anterior/positive spinal fusion at the L4/5 and L5/S1 levels with an L4/5 laminectomy. The 8/15/14 utilization review denied the request for lumbar fusion as there was no evidence of nerve root compression, central or foraminal stenosis, and no radiographic evidence of instability. The patient was also lacking psychological evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Spine Anterior/Posterior Fusion at L4-5 and L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 209-211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic, Fusion (spinal).

Decision rationale: The ACOEM revised low back guidelines state that lumbar fusion is recommended as an effective treatment for degenerative spondylolisthesis. The Official Disability Guidelines (ODG) state that spinal fusion is not recommended for patients who have less than six months of failed recommended conservative care unless there is objectively demonstrated severe structural instability and/or acute or progressive neurologic dysfunction. Fusion is recommended for objectively demonstrable segmental instability, such as excessive motion with degenerative spondylolisthesis. Pre-operative clinical surgical indications require completion of all physical therapy and manual therapy interventions, x-rays demonstrating spinal instability, spine pathology limited to 2 levels, and psychosocial screening with confounding issues addressed. Guideline criteria have not been met. There is no radiographic evidence of segmental instability. There is no definitive imaging evidence of multi-level nerve root compression. Psychosocial screening is not evidenced. Therefore, this request is not medically necessary.