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| Case Number: | CM14-0174251 | | |
| Date Assigned: | 10/24/2014 | Date of Injury: | 01/19/2005 |
| Decision Date: | 12/03/2014 | UR Denial Date: | 09/29/2014 |
| Priority: | Standard | Application Received: | 10/22/2014 |

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 Neurology, has a subspecialty in Pain Medicine, and is licensed to practice in Florida. 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:

9/11/14 note indicates pain since 1/19/2005. There is a history of surgery with Laminectomy in 2006 and reported treatment with acupuncture, physical therapy, epidural injections, and medication with progressive worsening of pain in the low back and radiating down both legs to the big toes. Physical examination notes increased pain with range of motion. There is decreased sensation in the left S1 distribution. There is bilateral positive straight leg raise. X-rays report instability at the L4-5 with flexion and extension. There is severe disc height loss at L5-S1. MRI reports similar findings with foraminal narrowing and anterolisthesis at L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: L5-S1 Lumbar Laminectomy with Fusion and Instrumentation/ Post Interbody Fusion: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines(ODG) Low Back, Fusion

Decision rationale: ODG supports Indications for spinal fusion may include: (1) Neural Arch Defect - Spondylolytic spondylolisthesis, congenital neural arch hypoplasia. (2) Segmental

Instability (objectively demonstrable) - Excessive motion, as in degenerative spondylolisthesis, surgically induced segmental instability and mechanical intervertebral collapse of the motion segment and advanced degenerative changes after surgical discectomy, with relative angular motion greater than 20 degrees. (Anderson, 2000) (Luers, 2007)] (3) Primary Mechanical Back Pain (i.e., pain aggravated by physical activity)/Functional Spinal Unit Failure/Instability, including one or two level segmental failure with progressive degenerative changes, loss of height, disc loading capability. The medical records support the presence of severe degenerative condition with neurologic changes (sensory loss) noted. There is anterolisthesis, which is spondylolisthesis. The condition has not improved despite conservative care. With the noted sensory loss on exam corroborated by x-ray and MRI findings, the medical records support necessity for surgery.