

Case Number:	CM14-0043022		
Date Assigned:	07/09/2014	Date of Injury:	10/25/2012
Decision Date:	09/30/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	04/09/2014

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 with a 10/25/12 injury date. The mechanism of injury is not provided. In a follow-up on 2/25/14, subjective complaints were low back pain of 4-10/10 severity, worse with standing and sitting, right leg radiating pain with numbness and tingling, and incontinence problems. The provider noted that the patient would follow-up with her primary doctor for the incontinence. Objective findings included 4/5 strength right ankle dorsiflexors, decreased sensation right L5 distribution, absent ankle reflexes, symmetric knee reflexes, positive SLR on the right at 60 degrees, and lumbar flexion more painful than lumbar extension. An MRI of the lumbar spine on 2/13/13 showed bilateral L5 pars defects, grade I anterolisthesis of L5 over S1 measuring 7 mm, facet hypertrophy, and severe right greater than left neural foraminal stenosis at L5-S1. Diagnostic impression: lumbar spondylolisthesis, lumbar radiculopathy. Treatment to date: epidural steroid injections, medications, physical therapy, acupuncture. A UR decision on 2/11/14 denied the request for anterior lumbar interbody fusion (ALIF) on the basis that exam and imaging findings do not supply the necessary evidence to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior lumbar interbody fusion supplemented with posterior decompression and reduction of spondylolisthesis: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) TWC Low back.

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.

Decision rationale: CA MTUS states that surgical intervention is recommended for patients who have severe and disabling lower leg symptoms in the distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise; activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms; clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long-term from surgical repair; and failure of conservative treatment. In addition, CA MTUS states 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. In the present case, there is not enough evidence of spinal instability in that there are no documented flexion/extension views of the lumbar spine. Therefore, the request for anterior lumbar interbody fusion supplemented with posterior decompression and reduction of spondylolisthesis, is not medically necessary.