

Case Number:	CM14-0056583		
Date Assigned:	07/09/2014	Date of Injury:	06/21/2011
Decision Date:	09/24/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/25/2014

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 Spine Surgery and is licensed to practice in New York. 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 patient is a 44-year-old with a date of injury of June 21, 2011. The patient is a smoker. The patient has L5-S1 spondylolisthesis. MRI shows L5-S1 disc degeneration with disc bulge. Flexion extension views do show motion at L5-S1 that is greater than 5 mm. Physical examination shows tenderness to palpation lumbar spine. Straight leg raising is positive on the right. Sensory was decreased in the lower extremities of the calf and the heel and bilateral tibialis anterior and EHL 4+ over 5. Patient is diagnosed with grade 1 spondylolisthesis at L5-S1 with pars defects. At issue is whether lumbar spinal fusion is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

INPATIENT X2 ANTERIOR POSTERIOR FUSION AND DECOMPRESSION AT L5-S1 WITH ASSISTANT & VASCULAR SURGEON: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG low back chapter.

Decision rationale: This patient does not meet establish criteria for lumbar spinal fusion. Specifically the patient is a smoker and is no documentation the patient stop smoking. Smoking

significant risk factor for failure fusion. In addition the medical records do not document that the patient has a psychiatric evaluation prior to planned fusion. Also there is no neurophysiologic testing revealing radiculopathy L5-S1. There were no red flag indicators for spinal fusion surgery such as fracture tumor or progressive neurologic deficit. Established criteria for lumbar fusion surgery not met. Surgery and not medically necessary at this time.