

Case Number:	CM14-0075784		
Date Assigned:	08/08/2014	Date of Injury:	01/04/2011
Decision Date:	09/19/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	05/23/2014

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 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 46-year-old male with a date of injury of January 4, 2011. The patient has chronic back pain. The patient has had physical therapy, acupuncture, chiropractic treatments still has pain. MRI lumbar spine shows disc protrusion extrusion at L4-5 and L5-S1. The patient also has imaging evidence of a right L5 pars fracture and grade 1 L5-S1 spondylolisthesis. The patient had conservative measures to include meds and physical therapy. The patient underwent percutaneous epidural decompression with facet blocks in February 2013. Patient also had epidural steroid injection at L3-4, L4-5 and L5-S1. Injections produce short-term pain relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

Posterior lumbar interbody fusion L4-5, L5-S1 spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG Low Back.

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 fusion surgery. Specifically there is no documentation of abnormal instability the lumbar spine. There is no documentation of flexion-extension views showing more than 5 mm of motion at any lumbar

segment. There is no documentation of new fracture, tumor or progressive neurologic deficit. Imaging studies show long-standing L5 pars defect with spondylolisthesis that is not documented as being unstable. Criteria for multilevel lumbar fusion are not met. Guidelines for multilevel lumbar fusion not met.