

Case Number:	CM14-0090929		
Date Assigned:	07/28/2014	Date of Injury:	03/19/2011
Decision Date:	08/28/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/16/2014

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:

According to the records made available for review, this is a 53-year-old female with a 3/29/11 date of injury, and status post L4-5 fusion (8/13/12). At the time (5/29/14) of request for authorization for Lumbar spine fusion, there is documentation of subjective (progressively worsening back symptoms with intermittent radiation into left lower extremity) and objective (lumbar flexion 35 degrees, extension 15 degrees, right and left lateral bending 20 degrees, tightness in paravertebral musculature, lower extremities motor examination is 5/5 in all motor groups bilaterally, normal sensory examination, and straight leg raising negative) findings, imaging findings (Lumbar Spine X-ray (4/15/14) report revealed previous L4-5 fusion, documented progressive spondylolisthesis at L5-S1; the spondylolisthesis measures a high Grade 1 and low Grade II, and is 25 percent of the vertebral body length; spondylolisthesis has progressed over last two years; Lumbar Spine MRI (2/27/14) report revealed at L5-S1 there is no disc bulge or herniation, spinal canal is within normal limits, facet arthropathy noted, no neural foraminal narrowing, mild anterolisthesis of L5 on S1), current diagnoses (status post L4-5 healed fusion and progressive spondylolisthesis at L5-S1), and treatment to date (activity modifications, physical therapy, chiropractic treatment, home exercise program, mediations (including Naprosyn and Ultram), and L5-S1 epidural steroid injection). 4/24/14 medical report identifies a request for anterior lumbar interbody fusion L5-S1 and posterior lumbar fusion L5-S1 with pedicle screws. There is no documentation of severe and disabling lower leg symptoms in the distribution consistent with abnormalities on imaging studies, 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; and an indication for fusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar spine fusion: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation ODG: Low Back Discectomy/laminectomy and Fusion (spinal).

Decision rationale: MTUS reference to ACOEM identifies documentation of 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; Failure of conservative treatment; and an Indication for fusion (instability OR a statement that decompression will create surgically induced instability), as criteria necessary to support the medical necessity of laminotomy/fusion. ODG identifies documentation of Symptoms/Findings which confirm presence of radiculopathy, objective findings that correlate with symptoms and imaging findings in concordance between radicular findings on radiologic evaluation and physical exam findings, as criteria necessary to support the medical necessity of decompression/laminotomy. Within the medical information available for review, there is documentation of diagnoses of status post L4-5 healed fusion and progressive spondylolisthesis at L5-S1. In addition, there is documentation of failure of conservative treatment. However, despite documentation of subjective (progressively worsening back symptoms with intermittent radiation into left lower extremity) and objective (lower extremities motor examination is 5/5 in all motor groups bilaterally, normal sensory examination,) findings, and imaging findings (Lumbar Spine MRI identifying at L5-S1 there is no disc bulge or herniation, spinal canal is within normal limits, facet arthropathy noted, no neural foraminal narrowing), there is no documentation of severe and disabling lower leg symptoms in the distribution consistent with abnormalities on imaging studies with accompanying objective signs of neural compromise. In addition, despite documentation of subjective (progressively worsening back symptoms with intermittent radiation into left lower extremity) findings, there is no documentation of activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms. Furthermore, despite documentation of imaging findings (lumbar spine x-rays identifying progressive spondylolisthesis at L5-S1; the spondylolisthesis measures a high Grade 1 and low Grade II, and is 25 percent of the vertebral body length; spondylolisthesis has progressed over last two years; Lumbar Spine MRI identifying mild anterolisthesis of L5 on S1), there is no documentation of an Indication for fusion (instability OR a statement that decompression will create surgically induced instability). Therefore, based on guidelines and a review of the evidence, the request for Lumbar spine fusion is not medically necessary.