

Case Number:	CM14-0193090		
Date Assigned:	11/26/2014	Date of Injury:	07/03/2014
Decision Date:	01/13/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	11/18/2014

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 Spine Surgeon and is licensed to practice in Texas. 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 injured worker is a 56-year-old male who reported injury on 07/03/2014. The mechanism of injury was the injured worker was seated at a desk and felt low back pain radiating down the right lower extremity. The injured worker had a history of wearing a heavy duty belt as a lieutenant in addition to being in a special weapons unit where the injured worker's weapon and gear load would weigh 75 pounds to 100 pounds. The injured worker was a nonsmoker. Prior treatments included 2 Epidural Steroid Injections, physical therapy, acupuncture, and a home exercise program. The injured worker's medications included Norco 10/325 mg twice a day, Neurontin 300 mg twice a day, and ibuprofen 3 times a day, along with Motrin and Robaxin. There was a Request for Authorization submitted for review. The injured worker underwent an MRI of the lumbar spine, which revealed spondylolisthesis most pronounced at L5-S1. There was a prominent marginal osteophyte and diffuse disc bulge with central disc protrusion along with mild facet hypertrophy, resulting in bilateral neural foraminal narrowing, severe on the right and moderate on the left, with no significant central canal stenosis. There was mild retrolisthesis of L5 on S1. The documentation of 10/03/2014 revealed the injured worker indicated his weight was 203 pounds. Reflexes were 2+ bilaterally. The treatment plan included surgical intervention. The documentation of 10/24/2014 revealed the injured worker had a normal straight leg raise. The injured worker's diagnosis was lumbar disc degeneration. The documentation indicated an x-ray or laboratory studies were ordered on the date of 10/24/2014. The injured worker's weight at home was 213.6 pounds. The injured worker was a nonsmoker. The injured worker's strength was 5/5. Sensation was intact. The straight leg raise was negative. The impression was an obese male with L5-S1 disc collapse. The treatment plan included an L5-S1 standalone anterior lumbar interbody fusion with SynFix cage and DBX. The documentation indicated the injured worker would lose weight below 205 pounds.

IMR ISSUES, DECISIONS AND RATIONALES

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

L5-S1 Fusion of the Lumbar and Lumbosacral Vertebrae, Anterior Technique: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back (updated 10/28/14) Fusion (spinal)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307.

Decision rationale: The American College of Occupational and Environmental Medicine indicates a surgical consultation may be appropriate for injured workers who have severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies, preferably with accompanying objective signs of neural compromise. There should be documentation of activity limitations due to radiating leg pain for more than 1 month or the extreme progression of lower leg symptoms, and 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 documentation of a failure of conservative treatment to resolve disabling radicular symptoms. Additionally, 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. The documentation indicated the injured worker had participated in conservative care. However, there was a lack of documentation of a failure of conservative care. The imaging study indicated the injured worker had retrolisthesis of L5 on S1. The clinical documentation submitted for review failed to provide documentation that the injured worker had undergone flexion and extension studies and had spinal instability. Given the above and the lack of documentation of exceptional factors, the request for L5-S1 Fusion of the Lumbar and Lumbosacral Vertebrae, Anterior Technique is not medically necessary.