

Case Number:	CM14-0194542		
Date Assigned:	12/02/2014	Date of Injury:	02/07/2007
Decision Date:	01/14/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	11/20/2014

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 61-year-old female who reported an injury on 02/20/2014. The mechanism of injury was not specifically stated. The current diagnoses include L3-4 and L4-5 spondylolisthesis with stenosis and lumbar radiculopathy. The injured worker presented on 10/17/2014 with complaints of persistent lower back pain with radiation into the bilateral lower extremities. Previous conservative treatment was noted to include medication management, physical therapy, and epidural steroid injection. The physical examination revealed a waddling gait with mild Trendelenburg on both lower extremities, tenderness at the lumbosacral junction, bilateral hamstring tightness, reduction in the quadriceps reflex on the left, and slight atrophy to the left quadriceps musculature. X-rays revealed lumbar spondylolisthesis grade 1 at L3-4 and L4-5 with marked intervertebral degenerative changes. The treatment recommendations included an anterior discectomy and fusion at L3-4 and L4-5. A Request for Authorization form was then submitted on 10/29/2014. It was noted that the injured worker underwent an MRI of the lumbar spine on 02/17/2014, which revealed evidence of mild grade 1 spondylolisthesis with spinal stenosis at L3-4 and L4-5, mild spinal stenosis at L5-S1 with partial sacralization, and mild degenerative changes over the intervertebral discs from L2 to S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal Anterior discectomy and fusion at L3-L4 and L4-L5, with a posterior lumbar laminectomy and instrumented fusion at L3-L4 and L4-L5, Lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Indications for surgery- Disectomy/Laminectomy

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Fusion (spinal)

Decision rationale: The California MTUS/ACOEM Practice Guidelines state a referral for surgical indication may be indicated for patients who have severe and disabling lower extremity symptoms; activity limitations for more than 1 month; extreme progression of lower extremity symptoms; clear clinical, imaging, and electrophysiologic evidence of a lesion; and failure of conservative treatment. The Official Disability Guidelines state preoperative surgical indications for a spinal fusion should include the identification and treatment of all pain generators, the completion of all physical medicine and manual therapy interventions, documented instability upon x-ray or CT myelogram, spinal pathology that is limited to 2 levels, and a psychosocial screening. Although it was noted that the injured worker had been previously treated with physical therapy, medication management, and an epidural steroid injection, there was no documentation of spinal instability upon flexion and extension view radiographs. There was also no mention of a psychosocial screening prior to the request for a lumbar fusion. The medical necessity for the requested procedure has not been established. As such, the request is not medically appropriate at this time.