

Case Number:	CM15-0002383		
Date Assigned:	01/13/2015	Date of Injury:	05/19/2012
Decision Date:	03/09/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	01/06/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New York, New Hampshire, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 31 year old female, who sustained an industrial injury on 05/19/2012. She had reported a back injury. The diagnoses have included L5-S1 spondylolisthesis with bilateral pars fracture with dynamic instability of her lumbar vertebrae at those levels. Treatments to date have included medications. Diagnostics to date have included normal electromyography and nerve conduction studies dated 08/06/2013. Progress note dated 02/20/2014 states the MRI of the lumbar spine confirms a L5-S1 grade 1 spondylolisthesis with degenerative disk disease associated with a dynamic listhesis on plain x-ray. Currently, the IW complains of continued back pain. The physician stated she has failed conservative therapy. On 11/25/2014, the injured worker submitted an application for IMR for review of L5-S1 Anterior Lumbar Interbody Fusion. On 12/02/2014, Utilization Review non-certified the above request noting the injured worker is reportedly diagnosed with L5-S1 grade 1 spondylolisthesis with degenerative disc disease associated with dynamic listhesis and bilateral pars fractures. However, the imaging studies submitted, MRI and x-rays, did not show significant spondylolisthesis and instability at this level. The MTUS, ACOEM Guidelines, (or ODG) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

L5-S1 Anterior Lumbar Interbody Fusion: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-322.

Decision rationale: The patient has chronic LBP. The medical records do not show evidence of lumbar instability, fracture, or tumor. MTUS criteria for fusion not met. There is no medical need for fusion. Criteria not met. No instability, fracture or tumor documented. No neuro deficit documented.