

Case Number:	CM15-0021701		
Date Assigned:	02/11/2015	Date of Injury:	09/26/2012
Decision Date:	04/06/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	02/05/2015

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: California

Certification(s)/Specialty: Orthopedic Surgery, Sports Medicine

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 34-year-old male who reported injury on 09/26/2012. The mechanism of injury was: the injured worker was cutting brush and trees on an embankment and slipped. The injured worker underwent physical therapy. The injured worker was noted to have an MRI on 04/04/2013. The injured worker underwent chiropractic care. The injured worker underwent a lumbar discogram, on 12/08/2014, and a CT of the lumbar spine. The impression indicated the injured worker had bilateral spondylolysis of L5 with a grade 1 spondylolisthesis of L5 on S1. There were annular tears at the L5-S1 level. There was a right paracentral tear that appeared to be grade 5 at the right, and the left posterior lateral tear was grade 4. The injured worker had a possible grade 1 tear of the L3-4 disc on the left. The injured worker underwent an x-ray of the lumbar spine. The results were not provided. The documentation of 12/15/2014 revealed the injured worker had spondylitic spondylolisthesis at L5-S1. The injured worker was noted to have some transient increased pain, but it had improved. On the physical examination, the injured worker had an antalgic gait with restricted range of motion. The vascular examination was within normal and the straight leg raise test was equivocal. The diagnoses included spondylitic spondylolisthesis L5-S1, back more than right leg pain, failing conservative efforts and positive CT study. The treatment options included a posterior decompression and stabilization of the L5-S1 segment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Posterior decompression and stabilization of the L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 13th Edition, 2015, Low Back Chapter, 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 indicate 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. The clinical documentation submitted for review failed to provide documentation of an exhaustion of conservative care. There was a lack of documentation of electrophysiologic evidence. The imaging findings failed to support a necessity for a decompression. The injured worker was noted to have a grade 1 spondylolisthesis, which could not support the necessity for surgical intervention. There was a lack of documentation of clear clinical myotomal and dermatomal findings. Given the above, the request for posterior decompression and stabilization of the L5-S1 is not medically necessary.

Inpatient LOS x 1 day: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 13th Edition, 2015, Low Back Chapter, Fusion (Spinal).

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Assistant surgeon: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 13th Edition, 2015, Low Back Chapter, Fusion (Spinal).

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.