

<b>Case Number:</b>	CM13-0002660		
<b>Date Assigned:</b>	03/21/2014	<b>Date of Injury:</b>	03/07/2012
<b>Decision Date:</b>	04/22/2014	<b>UR Denial Date:</b>	06/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/23/2013

### 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 Orthopaedic 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:

This 52-year-old female sustained a low back injury on 3/7/12. The mechanism of injury was not documented. The 4/5/13 lumbar spine x-rays documented a marked loss of disc height at L5/S1 with sclerosis of the underlying endplates. The remainder of the intervertebral disc spaces were preserved and there was no instability on the flexion/extension views. The 5/23/13 lumbar spine MRI documented a loss of disc height at L5/S1 with broad based disc bulge in combination with mild facet hypertrophy resulting in mild to moderate bilateral foraminal narrowing and degenerative endplate change. There was also mild facet hypertrophy at L3/4 and L4/5. There was no central stenosis. The 6/18/13 treating physician report cited subjective findings of grade 8/10 low back pain radiating to the back of both legs with bilateral lower extremity numbness, tingling and weakness. Objective findings documented limp and antalgic gait, iliolumbar tenderness bilaterally, moderate loss of lumbar range of motion, pain with motion, 4/5 motor weakness L5 and S1 myotomes bilaterally, diminished bilateral lower extremity deep tendon reflexes, decreased L5 and S1 sensation bilaterally, and positive bilateral straight leg raise testing. MRI findings were documented as moderate L5/S1 stenosis with severe degenerative disc disease and over 70% loss of disc height. The patient had undergone extensive conservative measures including therapy, medications, and epidural steroid injection with some improvement but residual symptoms. The treatment plan options included continued non-operative measures versus surgical intervention. The patient wanted to pursue surgery. The treating physician recommended lumbar decompression bilaterally at L5/S1 for foraminal stenosis with associated degenerative disc disease, loss of disc height, and posterior facet arthropathy at L5/S1. The extent of lumbar decompression would cause iatrogenic instability requiring fusion and instrumentation.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **L5-S1 LUMBAR DECOMPRESSION WITH FUSION:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306-307.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) LOW BACK - LUMBAR & THORACIC, DISCECTOMY/LAMINECTOMY, FUSION (SPINAL) OTHER MEDICAL TREATMENT GUIDELINE OR MEDICAL EVIDENCE: (ACOEM), LOW BACK CHAPTER (REVISED 2007), PAGES 2008-211

**Decision rationale:** Under consideration is a request for L5/S1 decompression with fusion. The California MTUS guidelines do not provide recommendations for this procedure in chronic back injuries. The revised ACOEM low back chapter criteria for lumbar decompression surgery generally requires radicular pain syndrome with current dermatomal pain and /or numbness or myotomal muscle weakness all consistent with a herniated disc, imaging findings that confirm persisting nerve root compression at the level/side predicted by the clinical findings, and continued significant pain and functional limitation after appropriate conservative treatment. Fusion is supported in decompressive laminectomy where adequate decompression requires the removal of more than 50% of both facets or the complete removal of a unilateral facet complex. The Official Disability Guidelines recommend similar criteria for decompressive surgery that include symptoms/findings that confirm the presence of radiculopathy and correlate with clinical exam and imaging findings. Guideline criteria include evidence of nerve root compression, imaging findings of nerve root compression, lateral disc rupture, or lateral recess stenosis, and completion of comprehensive conservative treatment. Fusion may be supported for surgically induced segmental instability but pre-operative guidelines recommend completion of all physical medicine and manual therapy interventions and psychosocial screen with all confounding issues addressed. Guideline criteria have not been met. This patient presents with bilateral mild L5 and S1 myotomal weakness, diminished L5 and S1 sensation bilaterally, and symmetrically diminished deep tendon reflexes with positive bilateral straight leg raise. MRI findings do not fully confirm nerve root compression or central stenosis. There is no documentation that recent comprehensive conservative treatment has been tried and has failed. There is no documentation of psychosocial screening. Therefore, this request for L5/S1 decompression and fusion is not medically necessary.