

<b>Case Number:</b>	CM13-0004963		
<b>Date Assigned:</b>	10/24/2014	<b>Date of Injury:</b>	05/12/1993
<b>Decision Date:</b>	11/25/2014	<b>UR Denial Date:</b>	07/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2013

### 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 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 male who reported an injury on 05/12/1993. The mechanism of injury was the injured worker was picking up a box of supplies. The prior treatments were noted to include physical therapy, medications, and activity modification. The surgical history included a lumbar laminectomy at L3-4. Medications included Allegra capsules 1 daily, Diclofenac 75 mg 1 twice a day, Diovan capsules 160 mg daily, Niacin daily, and Vicodin 7.5/750 mg 1 to 2 every 4 to 6 hours as needed for pain. The documentation of 05/01/2013 revealed the injured worker had a recurrence of pain in the left hip and leg. The injured worker had moderate pain in the low back and an inability to sit because the pain radiated from his low back to his left leg to his knee. The physical examination revealed the injured worker had slight tenderness diffusely across the low back area. Lateral bending was 20 degrees in either direction and forward flexion was to the mid tibia level. The injured worker had a heel walk without difficulty. The straight leg raise was negative at 90 degrees bilaterally. There was slight hypesthesia overlying the anterior aspect of the left lower leg. The injured worker underwent an MRI of the lumbar spine on 06/04/2013 which revealed at the level of L2-3 there was a posterior disc protrusion measuring approximately 4 mm. This finding together with ligamentum flavum hypertrophy and facet hypertrophy was causing moderate spinal stenosis. The neural canals were narrowed without impingement of the L2 nerve root. The lateral recesses were narrowed with possible impingement of the left L3 nerve root. At L3-4, there was a posterior disc protrusion measuring approximately 4 mm noted. The finding together with right ligamentum flavum hypertrophy was causing moderate spinal canal stenosis. A fluid signal was present with the disc protrusion. This was consistent with fissure of annulus fibrosis. There were probable postsurgical changes from the left hemilaminectomy. At L4-5, there was grade 1 spondylolisthesis in combination with a disc protrusion measuring approximately 4 mm. This

finding together with ligamentum flavum hypertrophy and facet hypertrophy was causing severe spinal stenosis. The neural canals were narrowed without appreciable impingement of the L4 nerve roots. The lateral recesses were narrowed with impingement of the L5 nerve root. The documentation of 06/27/2013 revealed recent imaging studies showed instability as well as a spondylolisthesis of L4 on L5 and stenosis from L2-5. The injured worker was noted to be a tobacco user. The physical examination revealed the injured worker had 3/5 weakness in the left on dorsiflexion and 4/5 weakness on left for knee extension. The injured worker had significant diminished sensation at the L4 and L5 distribution on the left. The physician opined the MRI revealed a 3 level disease from L2-5. There were postsurgical changes from L3-5. There was instability and spondylolisthesis of L4 on L5 with central stenosis at L2-3, L3, and L4-5. The treatment plan included an L2-5 instrumented fusion and decompression. There was a Request for Authorization submitted for review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **L2-L5 Transforaminal lumbar interbody fusion, PSF/PSI: Upheld**

**Claims Administrator 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

**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; 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. Clinicians should consider referral for psychological screening to improve surgical outcomes. There would not be a necessity for electrophysiologic evidence to support a fusion. There was a lack of documentation indicating the injured worker had a psychological screening. There were objective findings upon physical examination and MRI examination to support the necessity for surgical intervention. There was documentation of a grade I spondylolisthesis, which would not require surgical intervention. There was a lack of documentation by way of x-ray evidence to include extension and flexion films to support spinal instability. There was a lack of documentation of a failure of conservative treatment. Additionally, the injured worker was noted to be a smoker, which would interfere with healing from a fusion. There was a lack of documentation indicating the physician had addressed the injured worker's smoking habit. Given

the above, the request for L2-5 transforaminal interbody fusion PSF/PSI is not medically necessary.

**Two day inpatient stay:** 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), Low Back Chapter

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

**Decision rationale:** As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

**Purchase lumbar back brace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter

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

**Decision rationale:** As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

**Purchase external bone growth stimulator:** 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) Neck and Upper Back Chapter

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

**Decision rationale:** As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

**Purchase 1 box Island Bandage 4 x 10:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

**Post Op physical therapy 3 x week for 6 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter

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

**Decision rationale:** As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.