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| <b>Case Number:</b>   | CM13-0013167 |                              |            |
| <b>Date Assigned:</b> | 09/26/2013   | <b>Date of Injury:</b>       | 04/23/2012 |
| <b>Decision Date:</b> | 01/27/2014   | <b>UR Denial Date:</b>       | 07/23/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/19/2013 |

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in New Hampshire, New York, and Washington. 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 physician 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 patient is a 40-year-old male who sustained an injury on 4/23/2012. The mechanism of injury occurred while the patient was lifting a heavy package. He reportedly injured his lower back and had pain in his left leg. The diagnoses include lumbar degenerative disc at L3-4, L4-5 and L5-S1 with bilateral lumbar facet disease at L3-4, L4-5 and L5-S1. The patient was noted to have no significant past medical history and is not a smoker. Conservative treatment has included medication management, physical therapy, chiropractic therapy, and a TENS unit without reported significant benefit. A lumbar MRI performed on January 5, 2013 showed grade 1-2 spondylolisthesis of L5-S1. Mild facet arthropathy was also noted with bilateral foraminal narrowing with a mild posterior disc bulge at L5-S1. At L4-5, a small right paracentral disc protrusion was noted with mild bilateral neuroforaminal narrowing. Posterior disc bulge at L3-4 was noted and there is also a posterior disc bulge noted at L1-2. Additionally, the neurosurgical evaluation and interpretation of the lumbar MRI indicates that there is no significant mass effect on the L5 nerve roots and only mild L4-5 foraminal stenosis. The patient had the epidural injection with continued reduced range of motion and continued pain with positive straight leg and weakness. The patient obtained neurosurgery consultation on July 11, 2013. Note that the patient had back and leg symptoms for several years. 4/5 motor weakness in dorsiflexion and plantar flexion is noted. Physician interpretation of the lumbar MRI noted primarily two-level lumbar disc disease at L4-5 and L5-S1 with grade 1 L4-5 spondylolisthesis and grade 2 L5-S1 spondylolisthesis. The issue is whether or not the surgery is medically necessary at this time.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than decompression), single interspace; lumbar:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 307. Decision based on Non-MTUS Citation Chou R, et al. Surgery for low back pain: a review of the evidence for an American Pain Society Clinical Practice Guideline and Resnick, DK. Clin Neurosurg. 2006;53:279-84 and Resnick DK, Groff MC. Prog Neurol Surg. 2006;19:123-34

**Decision rationale:** MTUS guidelines support fusion in cases of spondylolisthesis with instability. In this case, however, instability is not clearly documented at any lumbar level. Abnormal motion is not noted at either of the levels that have spondylolisthesis. The records do not contain lumbar flexion-extension radiographs demonstrating excessive motion at any lumbar level. No instability has been documented in this case. Spondylolisthesis is not always treated surgically, and often responds well to conservative, nonoperative measures. Spondylolisthesis may be a stable lumbar condition in many adult cases and is usually successfully managed without surgery (Molinari RW. Contemporary Spine Surgery 2004). Since lumbar instability has not been demonstrated at any lumbar level, surgical fusion for instability is not medically necessary. In addition, this patient does not have any red flag indicators for spinal fusion. There is no evidence of fracture, tumor, or lesion. The patient does have long-standing bilateral pars defects at L5 with no documented instability. Fusion is not medically necessary.

**18 sessions of post-op physical therapy for the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**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.

**Lumbar back brace and external bone growth stimulator for lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**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.