

<b>Case Number:</b>	CM13-0048183		
<b>Date Assigned:</b>	05/21/2014	<b>Date of Injury:</b>	06/30/2009
<b>Decision Date:</b>	07/11/2014	<b>UR Denial Date:</b>	10/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2013

### 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 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 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:

This 46-year-old male sustained an industrial injury on 6/30/09. The mechanism of injury is not documented. Laminectomy, decompression and fusion at L3/4 and L4/5 was performed on 5/15/10. The 9/20/13 lumbar CT scan conclusion documented posterior laminectomy at L3/4 and L4/5, posterior fusion extending from L3 to L5 with intact pedicle screws, mild central stenosis L1/2 and L2/3 secondary to broad based disc bulges, mild right-sided foraminal stenosis at L3/4, moderate right-sided foraminal stenosis at L4/5 and L5/S1, severe left sided foraminal narrowing at L4/5, and moderate left-sided foraminal narrowing at L5/S1. The 10/2/13 neurosurgical report indicated the patient continued to have low back pain with intermittent sharp radicular pain to the right leg that causes his leg to collapse. Physical exam findings documented marked bilateral sacroiliac joint tenderness, minimal lower lumbar tenderness, moderately limited lumbar range of motion, negative nerve tension signs, normal lower extremity strength and reflexes, diminished posterior calf and thigh sensation bilaterally, and antalgic gait and station, ambulating with a cane. The treatment plan recommended explantation pedicle screw instrumentation, exploration fusion, and repeat laminotomy/foraminotomy at L3/4, L4/5, and L5/S1. The 10/22/13 utilization review denied the surgical request as there was no documentation of abnormal exam findings consistent with guidelines or imaging findings of fusion condition and screw position. The 11/6/13 neurosurgeon report indicated that patient had continued low back pain with radiating pain into the buttocks and posterior thighs. Increased pain had persisted for the past 6 weeks. Physical exam findings were unchanged from 10/2/13, but for reported positive pelvic compression test and positive thigh thrust tests. The provider opined that the continuing pain cannot be attributed entirely to his lumbar spine disease. He opined it was very likely that sacroiliac joint disease is contributing significantly to the patient's overall pain level. Bilateral sacroiliac joint blocks were requested for therapeutic and diagnostic purposes.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **EXPLANTATION PEDICLE SCREW INSTRUMENTATION, EXPLORATION FUSION, REPEAT LAMINOTOMY/FORAMINOTOMY, L3/4, L4/5, L5/S1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**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, FORAMINOTOMY, DISCECTOMY/LAMINECTOMY.

**Decision rationale:** Under consideration is a request for explantation pedicle screw instrumentation, exploration fusion, and repeat laminotomy/foraminotomy at L3/4, L4/5, and L5/S1. The California MTUS guidelines are silent regarding fusion hardware removal. The Official Disability Guidelines do not recommend the routine removal of hardware implanted for fixation, except in the case of broken hardware or persistent pain, after ruling out other causes of pain such as infection and nonunion. Criteria for lumbar decompression includes 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. Guideline criteria have not been met. There is no evidence of hardware failure, screw malposition and/or positive spinal hardware block. Clinical exam and imaging findings do not evidence nerve root compression. There is no detailed documentation that recent comprehensive pharmacologic and non-pharmacologic conservative treatment had been tried and failed. Therefore, this request for explantation pedicle screw instrumentation, exploration fusion, and repeat laminotomy/foraminotomy at L3/4, L4/5, and L5/S1 is not medically necessary.