

<b>Case Number:</b>	CM14-0000094		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	08/22/2012
<b>Decision Date:</b>	07/14/2014	<b>UR Denial Date:</b>	12/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/31/2013

### 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 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:

The patient is a 43 year old male who was injured on 08/22/2012 while performing his usual and customary duties at work. He was trying to replace large steel covers and he slipped on some fuel on the ground and fell hurting his left knee and low back with pulling and ripping sensation from his low back. Prior treatment history has included six sessions of physical therapy on 10/2012 and the patient stated the therapy aggravated his symptoms. His current medications on 12/30/2013 include: pantoprazole sodium, hydrocodone and naproxen. Diagnostic studies reviewed include an MRI scan of the lumbar spine dated 11/14/2012 revealing mild desiccation, a focal central bulge with no spinal stenosis possibility of 1 mm anterolisthesis of L5 anterior to S1. An X-ray of the lumbar spine dated 01/23/2013 revealed prominent anterior bridging osteophyte at L3-L4 and minimal degenerative disc disease at L3-L4. CT scan of the lumbar spine dated 04/22/2013 revealed bilateral well corticated L5 pars interarticularis defects are present allowing for grade I anterior listhesis. A progress report dated 11/15/2013<sup>6</sup> documented the patient continuing to have severe low back pain which he rates as 8/10 on VAS. The patient also reports ongoing pain on the left lower extremity which he rates at 6/10 on VAS. There are no objective findings. Diagnoses include left S1 radiculopathy, L5-S1 lateral recess stenosis, and grade I spondylolisthesis at L5-S1. A progress report dated 12/03/2013 documented the patient had complaints of intermittent back pain with shooting down the lower extremities and associated with spasm. The pains are 8/10 while resting and 10/10 with activities. Also the pain is associated with numbness and locking with grinding. The pain radiates to his left leg and foot. His activities of daily living are severely affected. The pain brings on in the morning and is worse in the evening. Objective findings on exam included tenderness to palpation of the lumbar spine with guarding and spasm noted in the paravertebral region. Trigger points are noticeable in the left lumbar paraspinous muscle. Manual muscle testing revealed 4/5 strength with flexion,

extension and bilateral bend. The range of motion of the lumbar spine flexion 50 degrees, extension 10-15 degrees, right and left lateral bending to 15 degrees. Sensation examination revealed decreased sensation to light touch at the feet and myotomes revealed 4/5 in the left L5 great toe extensor and L4 ankle extensor.

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

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

#### **L5-S1 LAMINECTOMY AND FUSION: 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): 307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Spinal fusion.

**Decision rationale:** According to the ACOEM Guidelines, spinal fusion is not recommended except for cases of trauma-related spinal fracture or dislocation otherwise is not considered in the first 3 months of symptoms. According to the ODG, spinal fusion pre-operative indication include: 1) All pain generators are identified and treated; & (2) All physical medicine and manual therapy interventions are completed; & (3) X-rays demonstrating spinal instability and/or myelogram, CT-myelogram, or discography & MRI demonstrating disc pathology correlated with symptoms and exam findings; & (4) Spine pathology limited to two levels; & (5) Psychosocial screen with confounding issues addressed. (6) For any potential fusion surgery, it is recommended that the injured worker refrain from smoking for at least six weeks prior to surgery and during the period of fusion healing. The medical records provided for review document the patient was diagnosed with L5-S1 lateral recess stenosis, lytic grade I spondylolisthesis L5-S1, and left S1 radiculopathy. This patient has lateral recess stenosis with spondylolisthesis at L5-S1. The patient underwent 6 session of PT which aggravated the symptoms. A progress report dated 11/15/2013 indicates request for authorization of a psychological consultation for pre-operative clearance. However, there is no documented psychological screen available for review or it is unclear if this was performed. Therefore, the request is not medically necessary and appropriate.