

<b>Case Number:</b>	CM14-0006946		
<b>Date Assigned:</b>	02/07/2014	<b>Date of Injury:</b>	10/03/2011
<b>Decision Date:</b>	06/23/2014	<b>UR Denial Date:</b>	12/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/18/2014

### 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 54-year-old male sustained an industrial injury on 10/3/11, when he twisted his right knee. A second industrial injury was noted on 11/21/11, when he slipped on the hangar floor and fell on his buttocks with severe pain in the coccygeal area. The 11/30/12 lumbar MRI impression documented degenerative changes in the lumbar spine with no significant spinal canal stenosis, neuroforaminal narrowing, lateral recess stenosis, or nerve root impingement at any of the imaged levels, chronic bilateral L5 pars defects, and 2 mm retrolisthesis of L3 on L4 and 2 mm retrolisthesis of L4 on L5/S1 secondary to degenerative disc disease at the L3/4 and L4/5 levels. The 12/2/13 surgical consult report cited low back pain radiating to the lower extremities, worse on the left. Physical exam findings documented 4+/5 left dorsiflexion strength, no atrophy, diminished light touch sensation in the lateral shin bilaterally, symmetrical deep tendon reflexes, slow gait, moderate to severe mid-lumbar spine tenderness, normal range of motion, and negative straight leg raise. The diagnosis was lumbar spondylosis, lumbar disc degeneration, and lumbar spondylolisthesis. The surgeon stated the patient had mechanical back pain with bilateral lower extremity radiculopathy; bilateral L5/S1 pars defects, and L4/5 disc degeneration with foraminal narrowing and facet arthropathy. Symptoms had not improved with lumbar injections, physical therapy, and chronic pain regime. He would benefit from stabilization of L5/S1 and decompression to address the pars defects, spondylosis, and spondylolisthesis of L4/5. An L4/5 transforaminal lumbar interbody fusion was requested. The 12/12/13 treating physician report cited severe coccyx pain causing spasms to his low back and new onset of low back pain radiating to his buttocks and down to the hips. The patient was noted to be a daily smoker, ½ pack per day. Physical exam findings documented antalgic limp, moderate to markedly loss of lumbar range of motion, positive Kemp's test, positive straight leg raise bilaterally, normal lower extremity strength, symmetrical lower extremity reflexes, and normal lower extremity sensation.

The diagnosis was coccygeal fracture, slowly improving, right knee meniscectomy, improving, and lumbar discogenic disease. The treating physician indicated that he had authorization for a back fusion from L4 through S1 with decompression of lumbar foraminotomy and micro-dissection at L5/S1, posterior spinal fusion, and correction of spinal deformity. The patient is working full duty. The 12/17/13 utilization review denied the request for transforaminal lumbar interbody fusion of the L4-S1 based on an absence of psychological clearance.

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

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

#### **TRANSFORAMINAL LUMBAR INTERBODY FUSION OF THE L4-S1: IN-PATIENT 3-DAYS STAY: ASSISTANT SURGEON: ASPEN LSO LUMBAR BRACE AND AN 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 MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM) PRACTICE GUIDELINES, CHAPTER 12, LOW BACK COMPLAINTS, SURGICAL CONSIDERATIONS ,

**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, Fusion (Spinal).

**Decision rationale:** Under consideration is a request for transforaminal lumbar interbody fusion of the L4-S1, in-patient 3-day stay, assistant surgeon, Aspen LSO lumbar brace, and an external bone growth stimulator. The California MTUS does not provide recommendations for lumbar fusions for chronic injuries. The Official Disability Guidelines (ODG) state that spinal fusion is not recommended for patients who have less than six months of failed recommended conservative care unless there is objectively demonstrated severe structural instability and/or acute or progressive neurologic dysfunction. Fusion is recommended for objectively demonstrable segmental instability, such as excessive motion with degenerative spondylolisthesis. Spinal instability criteria includes lumbar inter-segmental movement of more than 4.5 mm. Pre-operative clinical surgical indications require completion of all physical therapy and manual therapy interventions, x-rays demonstrating spinal instability, spine pathology limited to 2 levels, and psychosocial screening with confounding issues addressed. For any potential fusion surgery, it is recommended that the patient refrain from smoking for at least 6 weeks prior to surgery and during the period of fusion healing. Guideline criteria have not been met for the requested fusion. There is no radiographic evidence of segmental instability. A psychosocial screen is not evident. The patient is documented as a current every day smoker with no indication of smoking cessation. There is no detailed documentation that recent comprehensive pharmacologic and non-pharmacologic conservative treatment had been tried and failed. Therefore, this request for request for transforaminal lumbar interbody fusion of the L4-S1, in-patient 3-day stay, assistant surgeon, Aspen LSO lumbar brace, and an external bone growth stimulator is not medically necessary.