

<b>Case Number:</b>	CM14-0110032		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	06/17/2009
<b>Decision Date:</b>	10/22/2014	<b>UR Denial Date:</b>	06/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2014

### 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 Physical Medicine and Rehabilitation 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 injured worker is a 58-year-old female who reported an injury on 06/17/2009 reportedly while at work, she was lifting a box and sustained immediate onset pain in her lumbar spine. The injured worker's prior treatment history included MRI studies, lumbar spine surgery, acupuncture treatment, medications and Functional restoration program. On 02/11/2014, the injured worker had undergone an MRI of the lumbar spine that revealed at L4-5, a 4 mm broad-based ventral epidural disc abnormality that may represent a disc protrusion and/or fibrosis, but an MRI with gadolinium would be needed to make that distinction. Additionally, there was facet joint arthrosis, ligamentum flavum hypertrophy with mild to moderate neuroforaminal narrowing greater on the right, and mild lateral recess stenosis. At L5-S1, there was a 2.7 mm focal central disc protrusion with facet joint arthrosis and ligamentum flavum hypertrophy and mild bilateral neuroforaminal narrowing (more prominent on the left) with encroachment of the left exiting nerve root. The injured worker was evaluated on 06/02/2014 and it was documented that the injured worker complained of low back pain and locking, giving way, and decreased range of motion and weakness. On physical examination, flexion was 20 degrees, extension was 5 degrees, and straight leg raising was 60 degrees. X-rays demonstrated at L4-5, a severe collapse and L5-S1 narrowing of the disc space with bilateral neural foraminal narrowing. The injured worker was noted to have a nonantalgic gait and could heel and toe walk. On 06/04/2014, the injured worker was evaluated and it was documented that the injured worker was seen by a spine specialist who would like to proceed with a lumbar spine surgery. The physical examination of spine revealed all right lower muscle spasm. There was a well healed nontender lumbar spine incision. There was tenderness to palpation in the upper, mid, and lower paravertebral muscles. The range of motion was flexion at 20 degrees with 20 degrees of right lateral bending, 20 degrees of left lateral bending, 25 degrees of right lateral rotation, 20 degrees of left lateral

rotation, and extension of 15 degrees. There was increased pain with lumbar motion. \_Straight leg raising and rectus femoris stretch sign did not demonstrate any nerve irritability. The diagnoses included status post probable lumbar decompression and discectomy at L4-L5-S1 in 08/2009; chronic left lumbar radiculopathy; and degenerative joint disease of the lumbar spine with protrusions at L2-L3-L4-L5-S1?). The Request for Authorization was not submitted for this review.

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

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

**Continue Functional restoration , twelve visits 2X6,at lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs (FRPs) Page(s): 49.

**Decision rationale:** Per California Medical Treatment Utilization Schedule (MTUS) Guidelines, state functional restoration programs are recommended although research is still ongoing as to how to most appropriately screen for inclusion in these programs. Functional restoration programs (FRPs), a type of treatment included in the category of interdisciplinary pain programs, were originally developed by Mayer and were designed to use a medically directed, interdisciplinary pain management approach geared specifically to patients with chronic disabling occupational musculoskeletal disorders. These programs emphasize the importance of function over the elimination of pain. FRPs incorporate components of exercise progression with disability management and psychosocial intervention. Long-term evidence suggests that the benefit of these programs diminishes over time, but still remains positive when compared to cohorts that did not receive an intensive program. That there is strong evidence that intensive multidisciplinary rehabilitation with functional restoration reduces pain and improves function of patients with low back pain. The evidence is contradictory when evaluating the programs in terms of vocational outcomes. The guidelines also indicate that intensive programs show greater effectiveness, in particular in terms of return to work, than less intensive treatment. There appears to be little scientific evidence for the effectiveness of multidisciplinary bio psychosocial rehabilitation compared with other rehabilitation facilities for neck and shoulder pain, as opposed to low back pain and generalized pain syndromes. Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. The documentation that was submitted indicated the injured worker has recently completed any conservative treatment other than acupuncture or medications. Given that this injured worker has been recommended for lumbar spine surgery, it would appear that the injured worker was not at a stable position and is a candidate for functional restoration at this time until it can be definitely determined whether or not the injured worker would be surgical candidate. As such, the request for continue functional restoration, 12 visits, 2X6 for the lumbar spine is not medically necessary.

**Lumbar spine Posterior Lumbar Interbody Fusion L4,L5-S1:** Upheld

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

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

**Decision rationale:** According to the California MTUS/ACOEM guidelines state a referral for surgical consultation is indicated for patients who have; Within the first three months after onset of acute low back symptoms, surgery is considered only when serious spinal pathology or nerve root dysfunction not responsive to conservative therapy (and obviously due to a herniated disk) is detected. Disk herniation, characterized by protrusion of the central nucleus pulposus through a defect in the outer annulus fibrosis, may impinge on a nerve root, causing irritation, back and leg symptoms, and nerve root dysfunction. The presence of a herniated disk on an imaging study, however, does not necessarily imply nerve root dysfunction. Studies of asymptomatic adults commonly demonstrate intervertebral disk herniations that apparently do not cause symptoms. Some studies show spontaneous disk resorption without surgery, while others suggest that pain may be due to irritation of the dorsal root ganglion by inflammogens (metalloproteinases, nitric oxide, interleukin 6, prostaglandin E2) released from a damaged disk in the absence of anatomical evidence of direct contact between neural elements and disk material. Therefore, referral for surgical consultation is indicated for patients who have: Severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise Activity limitations due to radiating leg pain for more than one month or 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 Failure of conservative treatment to resolve disabling radicular symptoms If surgery is a consideration, counseling regarding likely outcomes, risks and benefits, and, especially, expectations is very important. Patients with acute low back pain alone, without findings of serious conditions or significant nerve root compromise, rarely benefit from either surgical consultation or surgery. If there is no clear indication for surgery, referring the patient to a physical medicine practitioner may help resolve the symptoms. Spinal Fusion are considered Except for cases of trauma related spinal fracture or dislocation, fusion of the spine is not usually considered during the first three months of symptoms. Patients with increased spinal instability (not work related) after surgical decompression at the level of degenerative spondylolisthesis may be candidates for fusion. There is no scientific evidence about the long term effectiveness of any form of surgical decompression or fusion for degenerative lumbar spondylosis compared with natural history, placebo, or conservative treatment. 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. It is important to note that although it is being undertaken, lumbar fusion in patients with other types of low back pain very seldom cures the patient. A recent study has shown that only 29% assessed themselves as "much better" in the surgical group versus 14% "much better" in the nonfusion group (a 15% greater chance of being "much better") versus a 17% complication rate (including 9% life threatening or reoperation). Per the guidelines, surgery is considered only when a serious spinal pathology or nerve root dysfunction not responsive to conservative care therapy (and/or obviously due to a herniated disc) is detected. The most recent MRI and EMG did not identify any findings suggestive of a lesion likely to respond to surgical repair as the MRI reported only mild and mild to moderate narrowing and the EMG was negative. There was no documentation on the MRI scan or x-rays that there was an instability or spondylolisthesis. As such, the request for lumbar spine posterior lumbar interbody fusion L4, L5-S1 is not medically necessary.

