

<b>Case Number:</b>	CM14-0114709		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	08/03/2009
<b>Decision Date:</b>	09/12/2014	<b>UR Denial Date:</b>	07/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/22/2014

### 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 Orthopedic Surgery and is licensed to practice in Texas. 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 60 year old female who sustained an injury on 08/03/09 while cleaning. The injured worker stretched her right leg and developed pain in the right lower extremity which has steadily worsened over the years. The injured worker has also been followed for complaints of low back pain and right hip pain. The injured worker was initially provided with anti-inflammatories as well as physical therapy; however, no time frame for this conservative treatment was specifically documented. There was no clear documentation regarding any injection therapy. Radiographs of the lumbar spine completed on 04/10/14 noted no evidence for spondylolisthesis; however, there was narrowing of the disc spaces at L1-2, L2-3 and L5-S1 with noted endplate sclerosis and marginal spurring. With extension there was a 3 mm spondylolisthesis at L5-S1; however, no appreciable change was noted from the neutral position to a flexion position. MRI studies of the lumbar spine from 04/18/14 noted slight disc space narrowing at L4-5 with a 2 mm disc bulge slightly compressing the thecal sac. There was some slight left foraminal and lateral recess stenosis secondary to facet joint hypertrophy. There was severe narrowing at the L5-S1 disc space with endplate sclerosis. No foraminal compression was identified. As of 06/13/14, the injured worker continued to report complaints of low back pain radiating to the lower extremities, right side worse than left. Physical examination did note mild weakness at the gastrocnemius and extensor hallucis longus (EHL) bilaterally. Reflexes were trace in the ankle and 1+ in the knees bilaterally. The recommendation was for bilateral L4-5 and L5-S1 laminectomy followed by lumbar fusion with pedicle screw instrumentation and interbody cages and the use of autograft. The requested interbody cages as well as auto/allograft and bilateral L4-5 and L5-S1 laminectomy with fusion and pedicle screw instrumentation was denied by utilization review on 07/11/14.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Interbody Cages and Auto/Allograft: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Treatment in Workers' Compensation (TWC), online edition, Chapter Low Back.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307.

**Decision rationale:** The Expert Reviewer based his/her decision on the MTUS ACOEM Practice Guidelines, Chapter 12 Low Back Complaints, pages 305-307. The Expert Reviewer's decision rationale: The request is not medically necessary based on review of the clinical documentation submitted as well as current evidence based guidelines. The surgical request for this injured worker would not be supported based on review of the clinical documentation submitted for review. The injured worker noted a two level lumbar degenerative disc disease at L4-5 and to a more severe extent at L5-S1. However there is no evidence of any nerve root involvement at either level of the lumbar spine per MRI studies available for review. In addition, no other diagnostic evidence to support a diagnosis of lumbar radiculopathy was available for review. The injured worker's conservative treatment is very minimally discussed. It is unclear what time frame the injured worker received any conservative treatment, and there is no documentation regarding any recent conservative care to include physical therapy, consideration for injections or medications. Furthermore, the clinical documentation did not include a preoperative psychological evaluation ruling out any confounding issues that could possibly impact the injured worker's postoperative recovery as recommended by guidelines. The request is considered not medically necessary.

### **Bilateral L4-5 & L5-S1 Laminectomy and Fusion with Pedicle Screw Instrumentation: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Treatment in Workers' Compensation (TWC), online edition, Chapter Low Back.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307.

**Decision rationale:** The Expert Reviewer based his/her decision on the MTUS ACOEM Practice Guidelines, Chapter 12 Low Back Complaints, pages 305-307. The Expert Reviewer's decision rationale: The request is not medically necessary based on review of the clinical documentation submitted as well as current evidence based guidelines. The surgical request for this injured worker would not be supported based on review of the clinical documentation submitted for review. The injured worker has noted two level lumbar degenerative disc disease at L4-5 and to a more severe extent at L5-S1. However, there is no evidence of any nerve root involvement at

either level of the lumbar spine per MRI studies available for review. No other diagnostic evidence to support a diagnosis of lumbar radiculopathy was available for review. The injured worker's conservative treatment is very minimally discussed. It is unclear what time frame the injured worker received any conservative treatment, and there is no documentation regarding any recent conservative care to include physical therapy, consideration for injections or medications. Furthermore, the clinical documentation did not include a preoperative psychological evaluation ruling out any confounding issues that could possibly impact the injured worker's postoperative recovery as recommended by guidelines. The request is considered not medically necessary.