

<b>Case Number:</b>	CM14-0124573		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	01/14/2011
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	07/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/06/2014

### 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 Spine 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:

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The injured worker is a 47-year-old female who reported injury on 01/14/2011. The mechanism of injury was cumulative trauma. The surgical history was not provided. The prior treatments included physical therapy, medications, stimulation and massage, and an epidural steroid injection on 07/24/2012. The injured worker was noted to have an MRI on 11/14/2011 per the physician documentation, which demonstrated disc degenerative changes at L5-S1. There was noted to be a 5 mm by 7 mm by 7 mm central disc extrusion. There was protrusion contacting the traversing S1 nerve roots, left greater than right. The other discs were within normal limits. There was facet degeneration at L4-S1. The injured worker underwent a discogram on 06/02/2014. The results revealed L4-5 levels showed evidence of a tear and concordant pain suggestive of disc degeneration, which was noted to be in part responsible for a portion of the injured worker's discomfort. The level of L5-S1 was inconclusive, but the level was noted to be extremely sensitive. The documentation of 03/31/2014 revealed the injured worker had complaints of back and bilateral lower extremity pain that was persistent. The injured worker had a physical examination, which revealed the gait was normal. There was positive midline tenderness to palpation of the lower lumbar spine. Range of motion was limited and flexion to knees was with spasm. The injured worker had pain with flexion and extension. The lower extremity strength was 5/5. The sensory examination was grossly intact to light touch at L2-S1. The injured worker had a positive straight leg raise in the seated and supine position reproducing leg pain. The imaging studies included an x-ray, which revealed no spondylolisthesis or scoliosis. There was mild spondylosis and degenerative change at L5 and S1. The diagnoses included sciatica, recurrent, and lumbago, persistent. There was lumbar degenerative disc disease with lumbar herniated discs. The documentation indicated the

injured worker had failed conservative management including observation, medications, physical therapy, hip injections, and spinal injections. The injured worker noted temporary relief with L5-S1 epidural steroid injection. The documentation indicated the injured worker had a significant component of axial back pain. The treatment plan included 2 surgical options: option 1 would be a lumbar decompression at L5-S1 with a discectomy. The second approach was noted to be an L5-S1 anterior and posterior spinal decompression and spinal fusion. The physician opined this would be a staged L5-S1 anterior lumbar interbody fusion followed by an L5-S1 posterior decompression and fusion, which would more thoroughly address all possible pain generators. The recommendation was for the L5-S1 anterior/posterior fusion due to significant axial pain.

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

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

#### **Staged L5-S1 Anterior Lumbar Interbody fusion Followed by L5-S1 Posterior Decompression and Fusion /L5-S1 AP Fusion: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307-309.

**Decision rationale:** The American College of Occupational and Environmental Medicine indicates that surgical consultation is appropriate for injured workers who have severe and disabling lower leg symptoms in distribution consistent with abnormalities on imaging studies, preferably with accompanying objective signs of neural compromise. There should be documentation of activity limitation due to radiating leg pain for more than 1 month or extreme progression of lower leg symptoms. There should be documentation of 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. There should be documentation of a failure of conservative treatment to resolve disabling radicular symptoms. There was documentation the injured worker failed conservative care. The physical examination revealed motor strength of 5/5 bilaterally and the sensation was grossly intact. However, the injured worker had a positive straight leg raise on the right that reproduced pain and had decreased reflexes in the ankle jerks bilaterally, which would support the level of S1 findings. The clinical documentation submitted for review failed to provide an official reading of the MRI. There was no EMG/NCV submitted for review. Given the above and the lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations, the request for Staged L5-S1 Anterior Lumbar Interbody fusion Followed by L5-S1 Posterior Decompression and Fusion /L5-S1 AP Fusion is not medically necessary.