

<b>Case Number:</b>	CM14-0151916		
<b>Date Assigned:</b>	09/22/2014	<b>Date of Injury:</b>	11/13/2013
<b>Decision Date:</b>	10/22/2014	<b>UR Denial Date:</b>	09/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2014

### 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 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 59 year old female who sustained an industrial injury on 11/13/2013. She had back pain and stiffness after lifting and stocking packages. Treatment has included 4 sessions of aqua therapy, light massage, heat/ice pack, use of TENS, approximately 3 epidural steroid injections, and medications. Lumbar x-rays (7 views) performed on 3/13/2014 showed slight degenerative disc disease of the right and left facet joint at L5-S1, otherwise a negative lumbar spine x-rays; no instability seen with flexion or extension. A provocative lumbar discogram at L2-3, L3-4, L4-5, and L5-S1 was performed on 6/18/2014. Results: it would appear the L4-5 disc is degenerative but not much of a pain generator in the face of high pressure stresses. The L2-3 and L3-4 discs are normal. Cannulating the L5-S1 was very difficult due to high riding pelvic bones and the anterior annulus was cannulated with very high readings. We were unable to generate pain here, this is indeterminate and likely not cogent to the patient's current pain presentation. Post discogram CT of lumbar spine on 6/18/2014 provided the impressions: 1. DJD at the left facet joint at L4-5. 2. There is a tear in the posterior central annulus of the disc at L2-3. 3. Diffuse annular degeneration and tear of the annulus at the L4-5 disc. 4. Left paracentral disc protrusion at L4-5 is seen creating left lateral recess stenosis and displacing the left L5 nerve in the lateral recess. 5. Recommend correlation for possible left L5 radiculopathy and the clinical findings at discography. According to the 8/21/2014 neurosurgical follow-up visit report, the patient continues to have lower back pain of intensity 9-10/10 without medications and 8/10 with medications. She is taking Norco, Robaxin, Celebrex, and Diclofenac. She has lower back pain predominantly on the left with 80% of her pain on the left and 20% on the right. Pain radiates into the left greater than right buttock, dorsolateral thighs, calves, and arch and dorsum of the left foot and 3 middle toes and into the arch and great toe on the right. She gets a lot of cramps and spasms in her feet. Pain is mainly on the left. Overall, pain is worse in her lower back versus

her legs. She also has corresponding numbness and tingling in the lower extremities. Pain level is 8-10/10 in the legs. She walks with a cane. She has had 4 aqua therapy sessions with a couple hours of temporary relief. She has not worked since her injury, secondary to her pain intensity. Physical examination reveals 30-40 degrees standing ROM, normal heel and toe walk, diminished heel to toe raising, seated right and left SLR positive at 80 degrees. Sensory exam shows positive right posterior medial calf ankle and dorsum/plant foot, heel and great toe and on the left dorsolateral calf, ankle and foot and last four toes. Motor shows 4/5, 80% normal on the left and 90% of normal on the right, knee flexion/extension, dorsiflexion and plantar flexion and left EHL. Knee reflexes are 1-2+ bilaterally and ankle reflexes 1 bilaterally. Assessment: 1. Industrial disc injury with fissuring and central herniation/protrusion L4-5 with axial low back pain greater than leg pain; 2. L5-S1 hypoplastic segment and partial sacralization, nonfunctional level; old resolved L2-3 injury in 2003, apportion 10% of her current pain and disability. Recommendation is for L4-5 global arthrodesis. Work status is TTD (Temporary Total Disability). The patient had a new patient PTP (Primary Treating Physician) evaluation on 8/18/2014. Physical examination reveals minimal spasm and tenderness of paraspinal muscles, intact sensation but decreased L5-S1 dermatome over left LE and medial aspect of the right foot, 2+ and symmetric DTRs (Deep Tendon Reflexes), negative Babinski's bilaterally, positive SLR bilaterally, and antalgic gait with cane. Impression: 1. Low back pain; 2. Chronic pain syndrome; 3. Lumbar discogenic pain; 4. Lumbar radicular pain; 5. Myalgia; 6. Sacroiliac joint pain; 7) Numbness. Plan is to discontinue methocarbamol and start her on cyclobenzaprine for acute spasms, continue medication management, home stretching and strengthening exercise and heat. She is not working.

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

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

**Intraoperative neuromonitoring:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Co-surgeon:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Global fusion at the L4-L5 level:** Upheld

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

**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, Spinal Fusion

**Decision rationale:** ODG: Pre-Operative Surgical Indications Recommended: Pre-operative clinical surgical indications for spinal fusion should include all of the following: (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 (see discography criteria) & 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. According to the guidelines, spinal fusion in the absence of fracture, dislocation, unstable spondylolisthesis, tumor or infections, is not supported. The medical records do not establish there is spinal instability at the L4-5 level, to warrant consideration of fusion. Also, there is no evidence that psychological clearance has been obtained. Given these factors, the medical records do not establish the patient is a candidate for the proposed surgical procedure. The medical necessity of the request has not been established. Therefore, the request for Global fusion at the L4-L5 level is not medically necessary and appropriate.

**Assistant surgeon:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.