

<b>Case Number:</b>	CM14-0040349		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	01/21/2013
<b>Decision Date:</b>	08/07/2014	<b>UR Denial Date:</b>	03/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2014

### 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 injured worker is a 24-year-old male who reported an injury on 01/21/2013. Prior treatments included medications, bracing, chiropractic care and physical therapy. The mechanism of injury was the injured worker was riding his bicycle at work and the chain suddenly fell off resulting in the injured worker falling to the ground and landing on his right hand and twisting his right ankle. Additional treatments included chiropractic care. The injured worker underwent an MRI of the lumbar spine, which revealed at the level of L5-S1 there was a grade 1 anterolisthesis resulting in mild to moderate right and left neural foraminal narrowing in conjunction with facet joint hypertrophy. The central canal was adequately patent. There was no evidence of signal abnormality within the exiting or traversing nerve roots. The physical examination of 03/13/2014 revealed the injured worker had right dorsiflexors, extensor hallucis longus, and plantar flexion strength of 3/5. The sensation was decreased to light touch in the bilateral pinprick L5 distribution. The straight leg raise was positive bilaterally at 30 degrees. The injured worker had marked difficulty with flexion and extension secondary to back pain. It was indicated the injured worker had x-rays of the lumbar spine on 01/23/2014, which demonstrated bilateral L5 pars defect with a 5 mm slippage of L5 on S1. Additionally, it was indicated the injured worker had an EMG and nerve conduction study on 02/05/2014, which revealed a chronic right L4, L5, and S1 radiculopathy. The left leg was not assessed. The diagnoses included lumbar myelopathy and a bilateral L5 pars defect with grade 1 spondylolisthesis, low back pain, bilateral leg pain, and lumbar radiculopathy. The treatment plan included the injured worker had neurological deficits including low back and bilateral leg pain with left greater than right weakness secondary to a bilateral L5 pars defect and grade 1 spondylolisthesis with stenosis. The physician opined the injured worker required surgery. The

recommendation was for an L5 Gill procedure and L5-S1 posterior interbody fusion supplemented with pedicle screws.

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

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

#### **L5 Gill procedure, L5-S1 with posterior lumbar interbody fusion: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306-307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307-309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, MILD (Minimally invasive lumbar decompression).

**Decision rationale:** The ACOEM Guidelines indicate a surgical consultation may be appropriate for injured workers who have severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging, which is radiculopathy preferably with accompanying objective signs of neural compromise. There should be documentation of activity limitations due to radiating leg pain for more than 1 month or extreme progression of lower leg symptoms. There should be clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both the long and short term from surgical repair. There should be documentation of a failure of conservative treatment to resolve disabling radicular symptoms. The ACOEM Guidelines do not specifically address minimally invasive lumbar decompression. As such, secondary Guidelines were sought. The Official Disability Guidelines do not recommend minimally invasive lumbar decompression, which the Gill procedure is considered. The injured worker had clear clinical and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair. However, the MRI findings revealed a grade 1 anterolisthesis resulting in mild to moderate right and mild left neural foramen narrowing in conjunction with facet joint hypertrophy. The clinical documentation submitted for review failed to indicate the injured worker had activity limitations and documentation of failure of conservative treatment to resolve disabling radicular symptoms. Given the above, the request for L5 Gill procedure, L5-S1 with posterior lumbar interbody fusion is not medically necessary.

#### **Physical therapy times 24 sessions: 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:** As the primary service is not supported, this associated service is also not supported.

**Pre-operative medical clearance with internist:** 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:** As the primary service is not supported, this associated service is also not supported.