

<b>Case Number:</b>	CM14-0075769		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	12/26/2008
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	05/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/23/2014

### 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 47-year-old male who has submitted a claim for cervicalgia, lumbosacral disc herniation and lumbar radiculopathy, associated with an industrial injury date of December 26, 2008. Medical records from 2013 to 2014 were reviewed. The patient complained constant low back pain with radiating deep and dull pain to the toes, and numbness, tingling and weakness of the right leg. Pain was rated 6/10. This was accompanied by neck pain radiating to the right fingers and dorsum of the right wrist. Subjective Pain and Activity Index was done on December 17, 2013. The patient indicates that limitation with ability to sit for 30minutes was 8-9/10; 9/10 limitation in the ability to walk one block, drive, travel up to 1 hour by car, shower or bathe without help, or dress himself; and 10/10 limitation with the ability to write or type, lift or carry 10 pounds, stand for 30minutes, perform daily activities, do work at home, sleep, or participate in social activities. Physical examination of the lumbar spine showed limitation of motion due to pain; moderate tenderness over the L4-5 and L5-S1 paraspinal muscles with muscle guarding and spasms on the right; positive SLR supine and seated test at 60 degrees on the right, and extradural involvement/sciatic tension on the right; and diminished knee and ankle reflexes on the right. EMG and NCS performed on January 5, 2011 of the back and bilateral lower extremities were abnormal. MRI of the lumbar spine without contrast done on June 18, 2013 revealed stable study since the last exam which is moderate multilevel lumbar spondylosis; L3-4 circumferential disc bulge measuring approximately 2mm in AP diameter combined with bilateral ligamentous hypertrophy and facet degenerative changes causing narrowing of the AP midline central canal to 1 cm causing moderate right and mild left neural foraminal stenosis; 2mm circumferential disc bulge at L5-S1 with ligamentous hypertrophy, facet degenerative changes combined with prominent anterior epidural fat sac causing narrowing of the midline central canal to 6mm without significant changes; and 4mm circumferential disc bulge at L4-5 in

anteroposterior diameter combined with ligamentous hypertrophy and facet degenerative changes causing narrowing of the anteroposterior midline central canal to 9mm, abutting the right exiting nerve root with associated marked narrowing of the right neural foramina without significant interval changes. The diagnoses were L4-5 disc herniation; radiculitis of lower extremity; discogenic low back pain; lumbosacral spine herniated disc; herniated cervical disc; lumbar radiculopathy; cervical radiculopathy; and lumbar spinal stenosis. Treatment to date has included oral analgesics, muscle relaxants, lumbar ESIs, physical therapy, acupuncture, home exercise program, and spinal traction. Utilization review from May 17, 2014 denied the requests for L3-S1 posterior spinal decompression, fusion, instrumentation & bone graft and 3 day inpatient stay post-operatively. There are minimal examination findings on current examination to support surgery at the requested levels. There was also no documentation of sufficient findings at the L3-4 level to support the need for decompression to the point that a fusion would be medically necessary.

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

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

**L3-S1 Posterior Spinal Decompression, fusion, instrumentation & bone graft: 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): 305-307.

**Decision rationale:** The California MTUS states that surgical intervention is recommended for patients who have severe and disabling lower leg symptoms in the 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; and failure of conservative treatment. In addition, the California MTUS states that 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. In this case, Subjective Pain and Activity Index completed on December 17, 2013 showed severe limitation in ADLs. However, severity and distribution of lower leg symptoms and objective findings were inconsistent with the distribution of abnormalities on imaging studies. Moreover, there was no objective evidence of failure of conservative treatment to manage pain. Specific indications for fusion were not established as there is no imaging evidence of dynamic instability or degenerative spondylolisthesis. A psychological clearance was not obtained. The medical necessity has not been established. There was no compelling rationale concerning the need for variance from the guideline. Therefore, the request for L3-S1 Posterior Spinal Decompression, fusion, instrumentation & bone graft is not medically necessary.

**3 day inpatient stay post-operatively: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment in Workers Compensation, Low Back Chapter regarding length of hospital stay.

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

**Decision rationale:** The dependent request of L3-S1 Posterior Spinal Decompression, fusion, instrumentation & bone graft has been deemed not medically necessary; therefore, all the associated services, such as the request for 3 day inpatient stay post-operatively, is likewise not medically necessary.