

<b>Case Number:</b>	CM14-0077995		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	03/09/2012
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	05/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/28/2014

### 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 55-year-old female who has submitted a claim for acquired spinal stenosis at L3-4 and L4-5 due to combination of a disc herniation, facet joint arthritis, and foraminal stenosis, facet joint arthritis and neural foraminal stenosis at L3-4, L4-5, and L5-S1, low back pain, lower limb radiculopathy, left worse than right, and cervico-dorsal strain, nearly resolved associated with an industrial injury date of 03/09/2012. Medical records from 12/20/2012 to 09/08/2014 were reviewed and showed that patient complained of low back pain graded 9/10 radiating down bilateral lower extremities, left greater than right. The patient has difficulty performing physical duties such as walking, standing, pushing, and pulling due to pain. Physical examination revealed tenderness over lumbar paraspinal muscles, normal MMT and DTRs of lower extremities, decreased sensation on the left leg, and positive bilateral SLR test. X-ray of the lumbar spine dated 12/20/2012 revealed L4-5 disc space narrowing. MRI of the lumbar spine dated 09/30/2013 revealed multilevel degenerative disc disease with disc bulges and annular tears at L3-4 and L4-5, disc bulge at L5-S1, and mild to moderate foraminal narrowing at L3-4, L4-5, and L5-S1. EMG/NCV study of the lower extremities dated 09/12/2013 revealed mild acute left L5 radiculopathy. Treatment to date has included transforaminal lumbar ESI, L3-4 and L4-5 (08/05/2013), ultrasound, TENS, chiropractic treatment, physical therapy, and pain medications. A Utilization review dated 05/03/2014 denied the request for lumbar spine fusion because there was no evidence of instability and there had been no psychosocial screen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **Lumbar Spinal Fusion: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index 12th Edition (web), Low Back Chapter, Spinal Fusion and Hospital Length of Stay.

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

**Decision rationale:** The CA MTUS ACOEM Treatment Guidelines 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. 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, patient complained of low back pain (graded 9/10) radiating down bilateral lower extremities with symptoms greater on the left. Physical exam findings include normoreflexia, normal lower extremities' muscle strength, decreased sensation of the left leg, and positive bilateral SLR test. The patient's clinical manifestations were not consistent with a focal neurologic deficit to suggest presence of radiculopathy. Lumbar spine MRI revealed mild to moderate foraminal narrowing at L3-4, L4-5, and L5-S1. EMG/NCV study of the lower extremities dated 09/12/2013 revealed mild acute left L5 radiculopathy. Hence, the patient's distribution of lower leg symptoms and objective findings were not consistent with abnormalities on imaging studies. Furthermore, there was no documentation concerning the outcome of conservative management such as physical therapy and chiropractic treatment. It is unclear if there was failure in conservative care. Lastly, the request failed to specify intended levels for fusion. Therefore, the request for lumbar spinal fusion is not medically necessary.