

<b>Case Number:</b>	CM14-0091547		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	03/13/2006
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	06/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/11/2014

### 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 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:

The injured worker is a 55-year-old female who reported an injury on 03/13/2006. The diagnoses include lumbar spondylolisthesis, stenosis, instability, adjacent segment disease, and radiculopathy. Her treatments included injections, TENS Unit, medications, H-Wave, physical therapy, home exercise program, and crutches. Prior surgical interventions include an L4-S1 instrumented fusion in 08/2010. The injured worker underwent an epidural steroid injection on 12/16/2011 which helped a little bit. Documentation indicated the injured worker underwent an electromyography on 11/25/2013 which revealed a normal EMG of the bilateral lower extremities and the nerve conduction study that was performed on the same date documented abnormal nerve condition velocity of the lower limbs due to slight prolongation of the latencies of the peroneal and tibial F-waves due to slight prolongation of the latencies of the bilateral tibial CMAPs (compound muscle action potentials) due to the slight prolongation of the left peroneal CMAP and due to the prolongation of the latency of the bilateral sural SNAPs (sensory nerve action potentials). The injured worker underwent x-rays of the lumbar spine on 05/29/2014 which indicated the injured worker had significant adjacent segment disease at L3-4. The injured worker had an MRI on 12/03/2013 which revealed degenerative changes in the lumbar spine and postsurgical changes from a posterior spinal fusion and lumbar interbody fusion at L4-5 and L5-S1. There was adjacent level degeneration above the fusion at L3-4 with a 3mm concentric bulge, mild osteoarthritis of the facet joints, large bilateral facet joint effusion, mild spinal canal stenosis, mild narrowing of the lateral recess, and mild left neural foraminal narrowing. There was an annular fissure at the level of L1-2 and L2-3. The documentation of 05/29/2014 revealed the injured worker had developed chronic back pain. Pain was radiating into the right leg from the low back. The injured worker had trialed injections and failed extensive conservative measurements. The injured worker was noted to be utilizing a TENS Unit all waking hours of the

day to decrease pain. The discussion included further conservative care, as well as interventional pain management and surgical intervention. The treatment plan included extending the fusion up to L3.

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

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

#### **L3-L4 TLIF (Transforaminal lumbar interbody fusion): Upheld**

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

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

**Decision rationale:** The ACOEM guidelines indicate surgical consultation may be appropriate for injured workers who have documentation of severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging, preferably with accompanying objective signs of neuro 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 short and long term from surgical repair, as well as documentation of a failure of conservative treatment to resolve disabling radicular symptoms. Additionally there is no scientific evidence that spinal fusion alone is effective for the treatment 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. There was documentation the injured worker had failed conservative care. There was a lack of documentation of instability per radiologic evidence. The clinical documentation submitted for review failed to provide a thorough objective physical examination to support the necessity for the requested procedure. There was a lack of documentation of exceptional circumstances to support a fusion as an independent procedure. Given the above, the request for L3-4 TLIF is not medically necessary.

#### **L4-S1 Remove and Explore: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines-Hardware implant removal (fixation).

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

**Decision rationale:** The ACOEM guidelines indicate surgical consultation may be appropriate for injured workers who have documentation of severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging, preferably with accompanying objective signs of neuro 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 short and long term from surgical repair, as well as documentation of a failure of conservative treatment to resolve disabling radicular symptoms. The clinical documentation submitted for review failed to provide a thorough objective physical examination to support the necessity for the requested procedure. There was documentation the injured worker had failed conservative care. These requests, as submitted, was for L4-S1 remove and explore without further indication what was to be removed and explored. Given the above, the request for L4-S1 remove and explore is not medically necessary.

**L3-S1 PSF (posterior spinal fusion)/PSI: Upheld**

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

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

**Decision rationale:** The ACOEM guidelines indicate surgical consultation may be appropriate for injured workers who have documentation of severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging, preferably with accompanying objective signs of neuro 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 short and long term from surgical repair, as well as documentation of a failure of conservative treatment to resolve disabling radicular symptoms. Additionally there is no scientific evidence that spinal fusion alone is effective for the treatment 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. There was documentation the injured worker had failed conservative care. There was a lack of documentation of instability per radiologic evidence. The clinical documentation submitted for review failed to provide a thorough objective physical examination to support the necessity for the requested procedure. There was a lack of documentation of exceptional circumstances to support a fusion as an independent procedure. Given the above, the request for L3-S1 PSF/PFI is not medically necessary.