

<b>Case Number:</b>	CM14-0179991		
<b>Date Assigned:</b>	11/04/2014	<b>Date of Injury:</b>	12/25/2008
<b>Decision Date:</b>	01/06/2015	<b>UR Denial Date:</b>	10/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2014

### 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 Surgeon, has a subspecialty in Spine Surgeon and is licensed to practice in New Jersey. 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 41-year-old male who reported injury on 12/25/2008. The mechanism of injury was the injured worker was moving a heavy set client who was on a backboard when the backboard caught on the seat belt and it caused an awkward weight shift. The injured worker was working as a paramedic at the time. The injured worker underwent an ACDF on 06/23/2014 of the cervical spine. The documentation indicated the injured worker underwent an x-ray of the lumbar spine on 09/05/2014 which revealed no spondylolisthesis or instability with flexion and extension. The injured worker underwent an MRI on 09/05/2014 which revealed mild spinal canal stenosis, severe narrowing of the right lateral recess, narrowing of the left lateral recess, and moderate neural foraminal narrowing at L4-5 with encroachment on the right L5 nerve root in the right lateral recess and exiting L4 nerve root and moderate to severe left neural foraminal narrowing at L5-S1 with encroachment on the exiting left L5 nerve root. The diagnoses included displacement over the lumbar intervertebral disc without myelopathy and spinal stenosis of the lumbar region. Prior therapies included injections, physical therapy and traction. The injured worker's medications included Nucynta 150 mg ER, Zanaflex 6 mg at bedtime, tramadol 100 mg twice a day and Skelaxin 800 mg twice a day. Other medications included Gralise ER 600 mg 3 tablets with evening meal, Percocet 5/325 mg 1 every 6 hours, Lidoderm 5% patches 12 hours on 12 hours off, and Flexeril 10 mg tablets. The social history included the injured worker was a smoker, 4 packs per week, and was smoking for 15 years. The documentation of 10/03/2014 revealed the injured worker had complaints of low back pain and leg pain. The pain was moderate to severe. The radiation was noted to be in the left lower extremity. The injured worker had a left leg that occasionally gave out on him. The physical examination revealed moderate to severe tenderness on palpation in the mid lumbar spine. The injured worker had pain upon extension after 20 degrees. The lower extremity strength revealed left dorsiflexion

and plantar flexion at 4-/5. There was diminished light touch in the left lateral shin and anterior foot. The left ankle reflex was absent. The treatment plan included a decompression at L4-5 and L5-S1 with bilateral facetectomy and discectomy and the physician documented, in light of spondylolisthesis in the need for a total facetectomy, iatrogenic instability was noted to be unavoidable and fusion was noted to be necessary at this level. There was a Request for Authorization dated 10/08/2014.

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

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

#### **Transforaminal Lumbar Interbody Fusion at L4-S1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

**Decision rationale:** The American College of Occupational and Environmental Medicine 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 studies 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 the extreme progression of lower leg symptoms, and 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 documentation of a failure of conservative treatment to resolve disabling radicular symptoms. 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. The clinical documentation submitted for review failed to provide documentation of a failure of an exhaustion of conservative care. The injured worker had clear clinical objective findings. The MRI failed to support the necessity for surgical intervention at all requested levels. The x-rays failed to indicate the injured worker had instability upon flexion and extension studies. The physician documentation indicated the injured worker was a surgical candidate for decompression at L4-5 and L5-S1 with a facetectomy and discectomy and it was noted this surgical intervention would create iatrogenic instability. However, there was a lack of documentation indicating the other components of the requested surgical intervention were found to be medically necessary. If the surgical intervention were found to be medically necessary, it would create iatrogenic instability and would support the necessity for a transforaminal lumbar interbody fusion. There was a lack of documentation indicating the physician had discussed smoking cessation as it was noted the injured worker was a smoker for 15 years. Smoking would decrease the ability for the bones to fuse. Given the lack of clarification, of the requested procedure, the lack of documentation of a failure of recent conservative care and that the X-ray findings did not support instability, the request for transforaminal lumbar intervertebral fusion at L4-S1 is not medically necessary.

**Associated surgical service: assistant surgeon [REDACTED]: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

**Decision rationale:** As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

**Associated surgical service: 3 day facility - inpatient stay at [REDACTED]: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

**Decision rationale:** As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

**Associated surgical service: post-op DME purchase: Aspen LSO lumbar brace: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

**Decision rationale:** As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

**Associated surgical service: post op DME purchase external bone growth stimulator: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

**Decision rationale:** As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.