

<b>Case Number:</b>	CM14-0203982		
<b>Date Assigned:</b>	12/16/2014	<b>Date of Injury:</b>	02/01/2012
<b>Decision Date:</b>	02/09/2015	<b>UR Denial Date:</b>	11/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2014

### 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 Spine 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 28-year-old male who reported injuries of an unspecified mechanism on 02/01/2012. On 09/30/2014, his diagnoses included status post micro lumbar decompressive surgery on the right L5-S1 on 05/28/2013, recurrent disc herniation of the lumbar spine at L5-S1 with right sided neural foraminal narrowing, facet arthropathy of the lumbar spine, lumbar radiculopathy, possible depression as a result of chronic pain, and failed back syndrome. His complaints included low back pain rated 8/10 with radiation down the bilateral lower extremities to the toes, worse on the right than on the left, but noted increasing left leg pain. There was numbness bilaterally in the lower extremities as well. He had difficulty sleeping due to the pain. He had an epidural steroid injection at the right L5 and S1 nerve roots on 09/11/2014 and reported that he felt worse for 8 days after the injection. He had also participated in 6 acupuncture visits with no relief and 12 chiropractic visits, which did give him some relief. His medications were Percocet 5/325 mg and gabapentin 600 mg, which helped reduce his pain and improve his daily functioning. There was tenderness to palpation of the lumbar midline and bilateral lumbar paraspinal muscles. His lumbar ranges of motion were decreased in every plane due to pain. He had decreased sensation of the right L4, L5, and S1 dermatomes. He had positive straight leg raising tests bilaterally at 40 degrees and an absent right Achilles reflex. The rationale for the requested surgery was because he had failed multiple conservative treatment modalities and prior surgery to the lumbar spine at the L5-S1 level. His lower back pain was much greater and more severe than his lower extremity symptoms. An MRI of the lumbar spine on 10/11/2013 revealed degenerative disc disease and facet arthropathy with postoperative changes presumed at L5-S1 with retrolisthesis at L4-5 and L5-S1. There was L4-5 mild bilateral neural foraminal narrowing and at L5-S1, a right paracentral protrusion narrowed the right lateral recess, contacting the right S1 nerve root. And electrodiagnostic consultation on

09/16/2013 revealed evidence of right S1 radiculopathy. There was no electrodiagnostic evidence of generalized peripheral neuropathy affecting the lower limbs. Among the recommendations were consideration of repeat studies in 3 to 6 months if symptoms had not resolved. A Request for Authorization dated 11/06/2014 was included in this injured worker's chart.

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

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

#### **Posterior spinal fusion TLIF at L5-S1: 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, Low Back, Fusion (Spinal)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307,310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Lumbar & Thoracic, Spinal Fusion.

**Decision rationale:** The request for posterior spinal fusion TLIF at L5-S1 is not medically necessary. The California ACOEM Guidelines note that disc herniation may impinge on a nerve root, causing irritation, back and leg symptoms, and nerve root dysfunction. The presence of a herniated disc on an imaging study, however, does not necessarily imply nerve root dysfunction. Studies of asymptomatic adults commonly demonstrate intervertebral disc herniations that apparently do not cause symptoms. Some studies show spontaneous disc resorption without surgery, while others suggest that pain may be due to an irritation of the dorsal root ganglion by inflammogens released from a damaged disc. Therefore, referral for surgical consultation is indicated in patients who have severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompany objective signs of neural compromise; activity limitations due to radiating leg pain for more than 1 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 to resolve disabling radicular symptoms. Before referral for surgery, clinicians should consider referral for psychological screening to improve surgical outcomes, possibly including standardized tests such as the MMPI 2. With or without surgery, more than 80% of patients with apparent surgical indications eventually recover. Although surgery appears to speed short to midterm recovery, surgical morbidity and complications must be considered. Surgery benefits fewer than 40% of patients with questionable physiologic findings. Moreover, surgery increases the need for future surgical procedures with higher complication rates. Except for cases of trauma related spinal fracture or dislocation, fusion of the spine is not usually considered during the first 3 months of symptoms. Patients with increased spinal instability after surgical decompression at the level of degenerative spondylolisthesis may be candidates for fusion. There is no scientific evidence about the long term effectiveness of any form of surgical decompression or fusion for degenerative lumbar spondylosis compared with natural history, placebo, or 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. It is important to note that although it is being undertaken, lumbar fusion in patients with other types of low back very seldom cures the patient. The Official Disability Guidelines' preoperative clinical surgical indications for spinal fusion must include all of the following: all pain generators are identified and treated; all physical medicine and manual therapy interventions are completed; x-rays demonstrating spinal instability; MRI demonstrating disc pathology correlated with symptoms; exam findings and spine pathology limited to 2 levels; and psychosocial screening with confounding issues addressed. Although it was noted that this injured worker had participated in various conservative treatment modalities, there was no evidence of failed trials of antidepressants for pain or acupuncture treatments. Additionally, there were no x-rays submitted demonstrating spinal instability. Furthermore, there were no records submitted of psychosocial screening prior to the proposed surgery. There is a need to have more complete data to support the request. Therefore, this request for request for posterior spinal fusion TLIF at L5-S1 is not medically necessary.

**Pre op medical clearance including history and physical:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Perioperative Testing, General

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

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

**Pre op EKG:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Perioperative Electrocardiogram

**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 op chest x-ray:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Preoperative Testing, General

**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 op labs, chem panel, CBC, APTT, PPT, type and screen:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Preoperative Lab Testing

**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 op UA:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Preoperative Lab Testing

**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.

**Facility: no duration given:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Hospital Length of Stay

**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.