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| <b>Case Number:</b>   | CM15-0106822 |                              |            |
| <b>Date Assigned:</b> | 06/11/2015   | <b>Date of Injury:</b>       | 03/01/2012 |
| <b>Decision Date:</b> | 07/14/2015   | <b>UR Denial Date:</b>       | 05/22/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/02/2015 |

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Illinois, California, Texas

Certification(s)/Specialty: Orthopedic Surgery

### 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 48-year-old male who sustained an industrial injury on 3/1/12, relative to a slip and fall. Past surgical history was positive for lumbar osteotomy for removal of posterior osteophyte bilateral S1, and microdiscectomy and foraminotomy at L1/2 and L5/S1 on 9/23/13, and left L1/2 laminotomy, microdiscectomy, foraminotomy, and lumbar osteotomy for removal of lateral osteophyte on 9/5/14. The 1/21/15 electrodiagnostic study findings were consistent with chronic and on-going low-grade left L5 radiculopathy. This study was reported normal for peroneal nerve entrapment, neuropathy, plexopathy or lumbar disc disease at other levels. The 3/12/15 lumbar spine MRI documented a broad-based disc herniation at L5/S1 with facet joint and ligamentum flavum hypertrophy causing canal stenosis. There was bilateral lateral recess stenosis and bilateral neuroforaminal narrowing contacting the bilateral L5 exiting nerves. The 5/4/15 lumbar CT scan documented post-surgical changes and severe left foraminal stenosis at L5/S1. The 5/11/15 neurosurgical report cited severe back pain radiating mainly to the left leg and left testicle, associated with weakness, numbness, and atrophy of the left leg. The injured worker reported that after standing for more than 10 minutes or sitting for more than 20 minutes, he developed numbness in both legs, more severe on the left. Neurologic exam documented 4/5 weakness of the left dorsiflexors, plantar flexors, and hamstring muscles, with obvious atrophy of the gastrocnemius and anterior tibialis muscles in the left leg. Sensory loss was noted over the dorsal and plantar aspect of the left foot, and left ankle jerk was reduced. Gait was reported as slow with a left leg limp. He was unable to stand on the left leg. He had severe lumbosacral muscle spasms, and extension and lateral rotation significantly increased his left leg pain. He had

a positive Tinel's sign in the distribution of the left peroneal nerve just below the head of the fibula. The diagnosis was lumbar radiculopathy secondary to partial collapse of the disc space at the L5/S1 level with posterior osteophytes and severe left foraminal stenosis causing compression of the exiting left L5 nerve root, and compression of the left peroneal nerve secondary to limping. Authorization was requested for interbody fusion with instrumentation at L5/S1 using left transpedicular approach, decompression of left peroneal nerve, and an inpatient stay for two days. The 5/22/15 utilization review modified the request for interbody fusion with instrumentation at L5/S1 using left transpedicular approach and decompression of the left peroneal nerve, and non-certified the request for left peroneal nerve decompression as there was no corroborating evidence on nerve conduction study to support peripheral nerve entrapment. The request for an unspecified inpatient length of stay was modified to 2 days citing the Official Disability Guidelines. The 6/16/15 neurosurgical report was unchanged relative to signs/symptoms, physical exam, or treatment plan.

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

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

#### **Interbody fusion with instrumentation at Lumbosacral (L5-S1) using Left Transpedicular approach, Decompression of Left peroneal nerve: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation CA MTUS ACOEM Chapter 7: Independent Medical Examinations and Consultations, page 127, 156; Official Disability Guidelines: Low Back - Lumbar & Thoracic (Acute & Chronic).

**MAXIMUS 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) Low Back ½ Lumbar & Thoracic: Discectomy/Laminectomy, Fusion (spinal); Ankle and Foot: Surgery for peroneal nerve dysfunction.

**Decision rationale:** The California MTUS guidelines recommend laminotomy, laminectomy, and discectomy for lumbosacral nerve root decompression. MTUS guidelines indicate that lumbar spinal fusion may be considered for patients with increased spinal instability after surgical decompression at the level of degenerative spondylolisthesis. The Official Disability Guidelines recommend criteria for lumbar decompression surgery that include symptoms/findings that confirm the presence of radiculopathy and correlate with clinical exam and imaging findings. Guideline criteria include evidence of nerve root compression, imaging findings of nerve root compression, lateral disc rupture, or lateral recess stenosis, and completion of comprehensive conservative treatment. Fusion is recommended for objectively demonstrable segmental instability, such as excessive motion with degenerative spondylolisthesis. Fusion may be supported for surgically induced segmental instability. Pre-operative clinical surgical indications require completion of all physical therapy and manual therapy interventions, x-rays demonstrating spinal instability, spine pathology limited to 2 levels, and psychosocial screening with confounding issues addressed. The California MTUS guidelines do not provide criteria for peroneal nerve decompression surgery. The Official Disability Guidelines state that surgery for peroneal nerve dysfunction is an option when symptoms persist for longer than 3 months despite conservative treatment including splinting, steroid injections, and activity modification. This injured worker presents with severe back pain radiating mainly to the left leg and left testicle, associated with weakness, numbness, and atrophy of the left leg. Clinical exam findings are consistent with electrodiagnostic and imaging

evidence of L5 nerve root entrapment. The clinical exam is suggestive of peripheral nerve entrapment of the peroneal nerve but this is not corroborated by electrodiagnostic studies. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial specifically for the peroneal nerve and failure has not been submitted. The 5/22/15 utilization review modified this request to include only the lumbar interbody fusion at L5/S1. There is limited evidence to support the medical necessity of decompression of the left peroneal nerve. As this nerve is derived from L5 as part of the sciatic nerve and electrodiagnostic evidence of L5 entrapment is documented, there is no compelling reason to support the medical necessity of additional surgery at this time. Therefore, this request is not medically necessary.

**Inpatient stay:** 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 - Lumbar spine.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back  $\frac{1}{2}$  Lumbar & Thoracic: Hospital length of stay (LOS).

**Decision rationale:** The California MTUS does not provide hospital length of stay recommendations. The Official Disability Guidelines recommend the median length of stay (LOS) based on type of surgery, or best practice target LOS for cases with no complications. The recommended median and best practice target for lumbar fusion is 3 days. The 5/22/15 utilization review modified the request for a non-specified length of stay, certifying 2 days. The medical necessity of inpatient hospital stay of up to 3 days for the certified procedure would be reasonable and is consistent with guidelines. As this request is non-specific, the medical necessity cannot be established. Therefore, this request is not medically necessary.