

<b>Case Number:</b>	CM15-0109846		
<b>Date Assigned:</b>	06/16/2015	<b>Date of Injury:</b>	10/02/2008
<b>Decision Date:</b>	07/15/2015	<b>UR Denial Date:</b>	05/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/08/2015

### 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 51-year-old female who sustained an industrial injury on 10/02/08. Injury occurred when she slipped and fell exiting a vehicle. Past medical history was positive for hypertension, psychiatric treatment, osteoporosis, and gastrointestinal issues. Past surgical history was positive for left knee arthroscopy with subtotal lateral meniscectomy, chondroplasty and synovectomy on 6/10/09. The 10/20/09 lumbar spine MRI revealed L5/S1 spondylolisthesis with bilateral pars fractures. There was approximately 4.5 mm of transition at L5/S1 with evidence of significant foraminal narrowing and L4/5 facet arthritis. The 3/23/10 lumbar spine x-rays showed 10 mm anterolisthesis at L5 on S1 with probable pars defect. The 3/7/15 initial treating physician report cited complaints of low back pain with lower extremity pain and sciatica. Previous conservative treatment included physical therapy, acupuncture, chiropractic, anti-inflammatory medications, muscle relaxants, narcotic pain medication, and injections. Last lumbar spine MRI was performed 10/20/09. She was not working and had difficulty with activities of daily living. Physical exam documented left antalgic gait, inability to toe and heel stand due to pain, limited lumbar flexion and extension, intact sensation, and 4/5 left quadriceps, anterior tibialis, and extensor hallucis longus weakness. The diagnosis was persistent on-going low back pain and left greater than right lower extremity pain in the setting of L5/S1 lytic spondylolisthesis with pars fractures and foraminal stenosis. The treatment plan recommended left L5/S1 transforaminal epidural steroid injection, and possible L5/S1 posterior lumbar interbody fusion if the injection does not benefit her. A left L5/S1 transforaminal epidural steroid injection was performed on 5/12/15. The 5/15/15 treating physician report indicated that the

injured worker had her injection 3 days ago with slight relief of her low back pain. She had constant pain in both legs with numbness in the toes and pain in the heel. Physical exam documented 4/5 extensor hallucis longus weakness bilaterally, sensory loss at L5 left greater than right, and tenderness to palpation. The diagnosis included low back and left greater than right lower extremity pain, with difficulty walking and weakness on physical exam, and left knee degenerative joint disease and internal derangement. The treatment plan recommended new lumbar spine x-rays, lumbar spine MRI, and left knee arthroscopy. The 5/19/15 secondary treater progress report cited constant grade 5-6/10 left knee pain. The left L5/S1 selective nerve root block had calmed down the pain. She reported grade 7/10 right shoulder pain and requested acupuncture as it previously helped. Physical exam documented positive improvement right shoulder with decreased range of motion by 20%, and decreased left knee range of motion with positive McMurray's. The diagnosis was left knee degenerative joint disease and internal derangement, right shoulder impingement, and low back sprain. The treatment plan recommended left knee surgery as soon as possible, acupuncture right shoulder, continued physical therapy and lumbar MRI. The 5/22/15 utilization review certified the requests for lumbar spine x-rays and MRI. The request for L5/S1 fusion was non-certified pending review of the updated radiographs and imaging being certified. The request for left knee arthroscopy was non-certified as medical records failed to establish a change in the injured worker's condition or mechanical symptoms that would indicate the need for additional surgery and there was no deficits noted on the current exam.

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

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

#### **Lumbosacral Fusion L5-S1: Upheld**

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

**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 Lumbar & Thoracic: Fusion (spinal).

**Decision rationale:** The California 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. Guidelines state there was no good evidence that spinal fusion alone was effective for treating any type of acute low back problem, in the absence of spinal fracture, dislocation, or spondylolisthesis if there was instability and motion in the segment operated on. The Official Disability Guidelines (ODG) state that spinal fusion is not recommended for patients who have less than six months of failed recommended conservative care unless there is objectively demonstrated severe structural instability and/or acute or progressive neurologic dysfunction. Guidelines state that spinal fusion is recommended as an option for spinal fracture, dislocation, spondylolisthesis or frank neurogenic compromise, subject to the selection criteria. 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. Guideline criteria have not been met. This injured worker presents with low back and lower extremity pain. Functional difficulty is documented. Clinical exam findings are consistent with L5 radiculopathy. Imaging in 2009 and x-rays in 2010 demonstrated L5/S1 spondylolisthesis and pars fracture. Evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. There is no current documentation of spinal segmental instability. Current imaging and radiographs have been requested and certified, but not completed. There is a history of psychological issues with no evidence of psychological clearance for surgery. Therefore, this request is not medically necessary at this time.

**Arthroscopy, Left Knee: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343. Decision based on Non-MTUS Citation ACOEM OMPG Chapter 4: Work Relatedness, page 65; Official Disability Guidelines: Knee Chapter - Arthroscopic surgery for osteoarthritis.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg: Meniscectomy.

**Decision rationale:** The California MTUS guidelines state that surgical consideration may be indicated for patients who have activity limitation for more than one month and failure of exercise programs to increase range of motion and strength of the musculature around the knee. Guidelines support arthroscopic partial meniscectomy for cases in which there is clear evidence of a meniscus tear including symptoms other than simply pain (locking, popping, giving way, and/or recurrent effusion), clear objective findings, and consistent findings on imaging. Guideline criteria have not been met. This patient presents with constant left knee pain, but no documentation of mechanical symptoms. Clinical exam findings are limited to decreased range of motion and positive McMurray's. There is no imaging documented in the records since arthroscopic surgery in 2009. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial for the knee and failure has not been submitted. Therefore, this request is not medically necessary at this time.