

Case Number:	CM15-0130220		
Date Assigned:	07/16/2015	Date of Injury:	04/06/2009
Decision Date:	08/14/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	07/06/2015

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:

This injured worker is a 53-year-old male who sustained an industrial injury on 4/06/09. The mechanism of injury was not documented. Past medical history was positive for diabetes mellitus and hypertension. Review of systems documented anxiety. Smoking status was not discussed. Conservative treatment included medications, physical therapy, TENS unit, and epidural steroid injections. The 5/22/15 spine surgeon reported cited primary low back pain and mostly left sided leg pain with lateral thigh and toe numbness, and minimal right thigh numbness. The injured worker reported left foot weakness with occasional flopping. He had tried physical therapy without help, and had some benefit with a TENS unit. Neurologic exam documented 3/5 bilateral extensor hallucis longus and gastrosoleus weakness, and 4/5 lower extremity strength over all other muscle groups. He was unable to toe/heel walk. Sensation was decreased over the bilateral L4 and L5 dermatomes. Deep tendon reflexes were +2 and symmetrical. Straight leg raise was positive bilaterally. X-rays were obtained and showed age consistent degenerative disc disease and disc height loss, spondylosis, multi-factorial multilevel narrowing. There was a local scoliosis and spondylolisthesis at L4-S1. An updated lumbar spine MRI was recommended, and lower extremity EMG/NCS. He was a possible candidate for surgical decompression and/or stabilization. The 6/2/15 treating physician report cited increased low back pain radiating to the left leg. Physical exam documented lumbar paravertebral muscle spasms and tenderness, tight muscle band, and trigger point with positive twitch response. Pain was predominantly muscular and more pronounced on the right paraspinous. There was spinous process tenderness at each level from L1 to L5. Straight leg raise was positive on the right. The epidural steroid injection on 3/5/15 provided on relief of pain. The injured worker was opined a candidate for instrumented L5/S1 fusion with

symptomatic and unstable spondylolisthesis with stenosis. Authorization was requested for an instrumented L5/S1 fusion. The 6/17/15 utilization review non-certified the L5/S1 instrumented fusion as there was no documentation of spinal stenosis or instability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Instrumented L5-S1 Fusion: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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 $i\frac{1}{2}$ Lumbar & Thoracic, Discectomy/Laminectomy, 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 is 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. Before referral for surgery, consideration of referral for psychological screening is recommended to improve surgical outcomes. The Official Disability Guidelines (ODG) lumbar spinal fusion as an option for patients with ongoing symptoms, corroborating physical findings and imaging, and after failure of non-operative treatment for spondylolisthesis (isthmic or degenerative) with at least one of the following: instability, and/or symptomatic radiculopathy, and/or symptomatic spinal stenosis. Pre-operative clinical surgical indications include all of the following: (1) All physical medicine and manual therapy interventions are completed with documentation of reasonable patient participation with rehabilitation efforts including skilled therapy visits, and performance of home exercise program during and after formal therapy; (2) X-rays demonstrating spinal instability and/or myelogram, CT-myelogram, or MRI demonstrating nerve root impingement correlated with symptoms and exam findings; (3) Spine fusion to be performed at one or two levels; (4) Psychosocial screen with confounding issues addressed; the evaluating mental health professional should document the presence and/or absence of identified psychological barriers that are known to preclude post-operative recovery; (5) For any potential fusion surgery, it is recommended that the injured worker refrain from smoking for at least six weeks prior to surgery and during the period of fusion healing; (6) There should be documentation that the surgeon has discussed potential alternatives, benefits and risks of fusion with the patient. Guideline criteria have not been met. This injured worker presents with primary back pain and left leg pain with lateral thigh and toe numbness, and some right thigh numbness. Clinical exam documented motor deficit and sensory changes over the L4 and L5 dermatomes. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. However, there are no reported imaging or electrodiagnostic findings with recent requests noted for MRI and EMG/NCS but no evidence that these studies have been completed. There is no radiographic evidence of spinal segmental instability. There is no documentation of smoking status. There is no documentation of a psychosocial screening by a mental health professional. Therefore, this request is not medically necessary at this time.