

<b>Case Number:</b>	CM15-0135636		
<b>Date Assigned:</b>	07/23/2015	<b>Date of Injury:</b>	11/16/1989
<b>Decision Date:</b>	08/21/2015	<b>UR Denial Date:</b>	07/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2015

### 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 67-year-old male who sustained an industrial injury on 11/16/89. The mechanism of injury was not documented. Past surgical history was positive for lumbar surgery at L4/5. The 3/20/15 lumbar spine x-rays were taken and showed multilevel disc space narrowing and anterior osteophytes bridging the vertebrae and syndesmophytes, and diffuse idiopathic skeletal hyperostosis (DISH). The 4/6/15 lumbar spine MRI impression documented grade 1 retrolisthesis of L5 over S1. At L5/S1, there was a 4 mm disc bulge with an overlying osteophyte extending into the right foramen and laterally, indenting the thecal sac with causing central canal stenosis. There was moderate to severe right and mild left foraminal zone exit compromising and bilateral facet joint hypertrophy. At L4/5, there was a 2-3 mm diffuse disc bulge with borderline central canal stenosis and moderate left foraminal exit zone compromise. The 4/17/15 treating physician report cited chronic low back pain radiating into the right lower extremity with numbness, tingling, and weakness. He was currently working in a supervisory capacity and using a back brace. Physical exam documented lumbar tenderness, restricted and painful lumbar range of motion, decreased right extensor hallucis longus and tibialis anterior, and decreased posterolateral right calf sensation. The diagnosis was advanced lumbar disc disease with collapse at L5/S1 including disc protrusion, facet arthropathy, and lateral recess and foraminal stenosis. There was retrolisthesis and intra-segmental instability. The treatment plan recommended anterior and posterior lumbar fusion at L5/S1. The 6/4/15 treating physician letter indicated that the injured worker had decided to proceed with surgery. He had failed previous reasonable long-term conservative treatment including therapy, medication, and multiple lumbar epidural steroid injections. He had lumbar disc disease with collapse at L5/S1 including disc protrusions, facet arthropathy, lateral recess and foraminal stenosis, and retrolisthesis

intersegmental instability. He also had significant on-going lumbar radiculopathy. Authorization was requested for anterior-posterior lumbar fusion at L5-S1. The 7/6/15 utilization review non-certified the request for anterior posterior L5/S1 lumbar fusion as there was no indication of current conservative treatment failure or electrodiagnostic documentation of radiculopathy.

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

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

#### **Anterior-posterior lumbar fusion at L5-S1: Overturned**

**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 - Lumbar & Thoracic, Discectomy/Laminectomy, Fusion (spinal).

**Decision rationale:** The California MTUS recommend surgical consideration when there is severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise. Guidelines require clear clinical, imaging and electrophysiologic evidence of a lesion that has been shown to benefit both in the short term and long term from surgical repair. Guidelines indicate that lumbar spinal fusion may be considered for patient with increased spinal instability after surgical decompression at the level of degenerative spondylolisthesis. The guidelines recommend that clinicians consider referral for psychological screening to improve surgical outcomes. The Official Disability Guidelines (ODG) recommend 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. Physical medicine and manual therapy interventions should include cognitive behavioral advice (e.g. ordinary activities are not harmful to the back, patients should remain active, etc.); (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 been essentially met. This injured worker presents with worsening low back pain radiating into the right lower extremity with numbness, tingling and weakness. Clinical exam findings are consistent with imaging evidence of plausible nerve root compromise at the L5/S1 level. Detailed evidence of long-term reasonable and/or comprehensive non-operative treatment and failure has been submitted. The treating physician has reported retrolisthesis and intra-segmental instability. There is no evidence of psychological issues. Therefore, this request is medically necessary.