

<b>Case Number:</b>	CM15-0145038		
<b>Date Assigned:</b>	08/05/2015	<b>Date of Injury:</b>	09/06/2008
<b>Decision Date:</b>	09/02/2015	<b>UR Denial Date:</b>	07/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/27/2015

### 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 35-year-old male who sustained an industrial injury on 9/6/08. Injury occurred relative to his employment as a big rig driver but the mechanism of injury was not documented. He underwent lumbar laminectomy at L5/S1 on 8/26/13. Conservative treatment included epidural steroid injection, pain medications, bracing, aqua therapy, physical therapy, and TENS unit. The 4/16/14 electrodiagnostic study evidenced chronic L5 radiculopathy, right greater than left. The 6/12/15 bone scintigraphy impression documented a mild focus of increased activity right articular facet joint L5/S1, otherwise unremarkable. The 6/15/15 lumbar x-rays revealed mild lower lumbar spondylosis with evidence of posterior disc compression at L4/5 and L5/S1. The 6/15/15 lumbar spine MRI impression documented status post L5 laminectomy with 5 mm broad-based central disc protrusion with moderate bilateral neuroforaminal narrowing. The 7/1/15 psychiatric consult report indicated that the patient was mentally somewhat better but had some night fears associated with back pain. He reported a reduction in anxiety, tension, irritability, and depression with no crying episodes. The diagnosis was adjustment disorder with mixed anxiety and depressed mood. Medications were prescribed to include Celexa, Xanax and Restoril with follow-up in 4 weeks. There was no discussion of surgery. The 7/3/15 spine surgery report cited on-going low back and bilateral leg pain. Imaging demonstrated evidence of L5 laminectomy with residual 5 mm broad-based disc protrusion with central disc extrusion and bilateral neuroforaminal narrowing. Radiographic bending views showed spondylosis with post-operative laminar resection. Bone scan clearly demonstrated a hot facet on the right at L5/S1. The injured worker had facet irritation with disc protrusion and

advanced degenerative disc at L5/S1. Authorization was requested for re-do lumbar laminectomy and fusion at the bilateral L5/S1 level. The 7/14/15 utilization review non-certified the request for re-do lumbar laminectomy and fusion at the bilateral L5/S1 level as there were no specific objective findings to support the diagnosis of lumbar radiculopathy, and a pre-operative psychological clearance was not submitted.

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

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

**One re-do lumbar laminectomy and fusion at bilateral L5-S1 level: 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 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. MTUS 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 recommend criteria for lumbar discectomy 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. The Official Disability Guidelines do not recommend lumbar fusion for patients with degenerative disc disease, disc herniation, spinal stenosis without degenerative spondylolisthesis or instability, or non-specific low back pain. Fusion may be supported for segmental instability (objectively demonstrable) including excessive motion, as in isthmic or degenerative spondylolisthesis, surgically induced segmental instability and mechanical intervertebral collapse of the motion segment and advanced degenerative changes after surgical discectomy. 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) Smoking cessation 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 persistent low back and lower extremity pain.

Imaging and electrodiagnostic evidence are consistent with plausible nerve root compression at the L5 level. There is evidence of a central disc extrusion and facet joint irritation at that level. There is evidence of long-term reasonable and/or comprehensive non-operative treatment and failure. However, there are no recent clinical exam findings documented in the medical records to correlate with imaging findings. There is no radiographic evidence of spinal segmental instability. There is no specific discussion of the need for wide decompression which would result in temporary intraoperative instability that would necessitate fusion. Additionally, there are significant psychological issues noted with no evidence that psychological clearance has been obtained for lumbar fusion surgery. Therefore, this request is not medically necessary.