

<b>Case Number:</b>	CM15-0145666		
<b>Date Assigned:</b>	08/06/2015	<b>Date of Injury:</b>	01/21/2003
<b>Decision Date:</b>	09/10/2015	<b>UR Denial Date:</b>	06/26/2015
<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 66-year-old female who sustained an industrial injury on 1/21/03. The mechanism of injury was not documented. Past medical history was positive for hypertension, asthma, left breast cancer, and a history of blood clot in the arm currently treated with Coumadin. Past surgical history was positive for an ablation for a cardiac arrhythmia. The 11/14/14 lumbar spine x-ray impression documented osteoporosis with compression fracture involving the superior endplate of L1 of indeterminate age, severe degenerative disc space narrowing at L4/5, and moderate foraminal stenosis at L4/5. The progress reports from 12/9/14 through 4/1/15 indicated that the injured worker had been recommended for an anterior lumbar interbody fusion at L4-S1 and was pending medical clearance from her oncologist to proceed. The 6/15/15 spine surgery report cited severe intractable low back and bilateral leg pain, worse on the right, with numbness and weakness. She was last seen in this office on 12/10/12 and an L4-S1 transforaminal lumbar interbody fusion surgery was recommended. Physical exam documented slow ambulation with a cane and inability to heel/toe walk or heel/toe raise secondary to pain. She had decreased lumbar range of motion and was very tenderness over the right lumbar paraspinal muscles. Neurologic exam documented 4+/5 bilateral extensor hallucis longus, 4-/5 left hip flexor and quadriceps, and 4+/5 left tibialis anterior and gastrocnemius weakness. The patellar reflexes were absent bilaterally. Straight leg raise was positive on the right. Imaging on 7/8/11 showed L4-S1 herniated nucleus pulposus, lumbar spinal stenosis, and degenerative disc disease. She had failed conservative treatment including medications, rest, physiotherapy, and injections. An updated MRI was ordered to evaluate the severity of her

neurologic compression. Authorization was requested for L4-S1 transforaminal lumbar interbody fusion, 4 day hospital length of stay, and a medical clearance appointment. The 6/26/15 utilization review non-certified the L4-S1 transforaminal lumbar interbody fusion and associated surgical requests as the MRI was over 3 years old, and an updated MRI had been ordered and approved and surgical indication should be based on that. The 7/12/15 lumbar MRI impression documented a mild disc bulge at L4/5 with mild narrowing of the neural foramina bilaterally due to disc osteophyte complex and thick facets. There was multilevel minimal degenerative osteoarthritis of the facets and minimal degenerative disc disease. The findings documented no posterior disc herniation or bulge at L5/S1. There was degenerative disc disease at L5/S1 with minimal anterolateral osteophytes and somewhat thickened facet joints. There was no central canal stenosis or foraminal stenosis at the L5/S1 level.

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

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

**L4-S1 transforaminal lumbar interbody fusion:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

**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. The California 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 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 imaging 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 severe intractable low back pain and bilateral leg pain with numbness and weakness. Clinical exam findings are consistent with L4-S1 neurocompression. Updated imaging is consistent with plausible nerve root compression at the L4/5 level. Detailed evidence of long-term reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. However, there is no radiographic evidence of spondylolisthesis or spinal segmental instability. There is no imaging evidence or surgical discussion supporting the need for wide decompression that would create temporary intraoperative instability and necessitate fusion. Additionally, there is no evidence of a psychosocial screen. Therefore, this request is not medically necessary at this time.

**Associated surgical service: 4 day hospital length of stay: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Associated surgical service: Medical clearance appointment: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.