

<b>Case Number:</b>	CM15-0147300		
<b>Date Assigned:</b>	08/10/2015	<b>Date of Injury:</b>	11/01/2013
<b>Decision Date:</b>	09/08/2015	<b>UR Denial Date:</b>	07/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2015

### 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 33-year-old male who sustained an industrial injury on 11/1/13. Injury occurred when he was removing a tree and chopping the roots, with onset of severe lower back pain and gradual onset of right leg pain. The 7/2/14 lumbar spine MRI documented a 3 mm disc herniation at L5/S1 with abutment of the descending right S1 nerve root. The 3/18/15 treating physician report cited grade 6-7/10 frequent low back pain radiating into the right leg. Pain was increased with sitting, walking, standing, forward bending, squatting, stooping, ascending or descending stairs, twisting, turning, and forceful pushing and pulling. Conservative treatment had included medications, physical therapy, activity modification, acupuncture and home exercise program. Physical exam documented decreased lumbar range of motion, and paraspinal and quadratus lumborum tenderness and hypertonicity. Straight leg raise was positive on the right. He was unable to heel/toe walk bilaterally. Lower extremity deep tendon reflexes were +2 and symmetrical. Sensation was decreased over the right L5 and S1 distributions. Thigh circumference was 50 cm right and 51 cm left, and calf circumference 40 cm right and 42 cm left. The diagnosis was lumbar disc herniation and lower extremity radicular pain. The treatment plan recommended bilateral lower extremity EMG/nerve conduction study, surgical consultation, and Tylenol #3. The 6/23/15 treating physician report cited grade 7-8/10 constant low back pain radiating down the right leg to the posterior calf. Pain was severe in the right buttock and calf. Norco reduced pain from grade 8/10 to 4/10. The physical exam was unchanged from 3/31/15. Authorization was requested for L5/S1 fusion and decompression of the right S1 nerve, as recommended by the neurosurgeon in his 6/4/15 report. The 7/17/15 utilization review non-certified the request for L5/S1 fusion and decompression of the right S1 nerve as there was a lack of documentation that the injured worker had tried significant conservative care.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **L5-S1 fusion and decompression of the right S1 nerve: 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. 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 constant low back pain radiating down the right leg, with severe pain in the right buttock and calf. Clinical exam findings were consistent with reported imaging evidence of plausible nerve root compression. Evidence of recent and long-term reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. However, there is no radiographic evidence of spinal segmental instability. There are no imaging findings or surgical discussion supporting of the need for wide decompression that would result in temporary intraoperative instability and necessitate fusion. Additionally, there is no evidence of a psychosocial screen. Therefore, this request is not medically necessary.