

<b>Case Number:</b>	CM15-0168786		
<b>Date Assigned:</b>	09/09/2015	<b>Date of Injury:</b>	07/01/2014
<b>Decision Date:</b>	10/09/2015	<b>UR Denial Date:</b>	08/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2015

### 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 was a 54-year-old male who sustained an industrial injury on 7/1/14. Injury was reported relative to repetitive heavy lifting as a baker. Conservative treatment had included injections, medications, and physical therapy. The 3/5/15 bilateral lower extremity electro diagnostic study findings documented peroneal nerve entrapment let ankle with no evidence of lumbar radiculopathy. The 7/9/15 spine surgery report cited low back and bilateral leg pain. Physical exam documented no new motor or sensory deficits. There was decreased lumbar spine range of motion, and positive straight leg raise. Imaging was reviewed and showed grade 1 L4/5 spondylolisthesis with moderate to severe spinal stenosis. There were no x-rays of the lumbar spine. The diagnosis was spondylolisthesis at L4/5 with spinal stenosis. The injured worker had epidural steroid injection x 3, which did not help, and months of therapy. He had degenerative disc disease at L4/5 along with facet and ligamentum flavum hypertrophy pressing on the nerve and dura, and was doing poorly. The treatment plan recommended lumbar decompression and fusion at L4/5, left sided approach. The 7/30/15 treating physician report cited low back pain radiating into both hips and legs, and bilateral knee pain. He had difficulty sleeping due to pain. Medication reduced the pain and allowed the injured worker to function. He had seen the spine surgeon who recommended surgery with hardware. Physical exam documented paraspinal tenderness and spasms, reduced bilateral L5 dermatomal sensation, restricted lumbar range of motion, 4/5 toe extensor and ankle plantar flexion weakness bilaterally, and inability to heel walk. The diagnosis included lumbar radiculopathy. Authorization was requested for lumbar decompression and fusion L4/5 with left sided

approach. The 8/17/15 utilization review non-certified the request for lumbar decompression and fusion at L4/5 as there was no imaging available for review, no evidence of radiculopathy on EMG, and no translational lumbar spinal instability documented on bending films.

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

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

**Lumbar decompression and fusion L4 L5, left sided approach: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Surgical Considerations. 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 electrophysiological evidence of a lesion that has been shown to benefit both in the short term and long term from surgical repair. 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 require completion of all physical therapy and manual therapy interventions, x-rays demonstrating spinal instability and/or imaging demonstrating nerve root impingement correlated with symptoms and exam findings, spine fusion to be performed at 1 or 2 levels, psychosocial screening with confounding issues addressed, and smoking cessation for at least 6 weeks prior to surgery and during the period of fusion healing. Guideline criteria have not been met. This injured worker presents with low back pain radiating into both legs. Clinical exam findings were consistent with reported imaging evidence of nerve root compromise at the L4/5 level. Detailed evidence of reasonable and/or comprehensive non-operative treatment and failure has been submitted. However, there is no radiographic evidence of spondylolisthesis or spinal segmental instability on flexion and extension x-rays. There is no discussion or imaging evidence supporting the need for wide decompression that would result in temporary intraoperative instability and necessitate fusion. There is no evidence of a psychosocial screen. Therefore, this request is not medically necessary at this time.