

<b>Case Number:</b>	CM15-0183602		
<b>Date Assigned:</b>	09/24/2015	<b>Date of Injury:</b>	06/07/2013
<b>Decision Date:</b>	10/29/2015	<b>UR Denial Date:</b>	09/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2015

### 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 55-year-old male who sustained an industrial injury on 6/7/13. Injury occurred when he was lifting supplies with onset of back pain radiating to both legs. Past medical history was positive for diabetes. Conservative treatment included medications, chiropractic, acupuncture, physical therapy, and activity modification. The 8/1/13 lumbar spine MRI impression documented a 3 mm posterior disc protrusion with disc extrusion at L5/S1 resulting in moderate to severe left foraminal narrowing. At L4/5, there was a 4 mm disc bulge with resultant mild to moderate bilateral neuroforaminal narrowing. There was disc desiccation at L4/5 and L5/S1 with moderate disc height loss at L5/S1. The 8/23/13 electrodiagnostic study findings were supportive of chronic S1 nerve root irritation bilaterally. The 6/3/14 orthopedic consult cited a chief complaint of lower back pain. The injured worker had not returned to work since 6/12/13. He reported an onset of anxiety and depression on 7/17/13 with continued residuals. Physical exam documented antalgic gait using a cane, lumbar muscle spasms and tenderness, and significant loss of lumbar range of motion. There was 4/5 weakness noted in left foot dorsiflexion, plantar flexion, and great toe extensors. Straight leg raise was positive on the left at 40 degrees. Lower extremity deep tendon reflexes were absent on the left and +2 on the right. Sensation was decreased over the L5/S1 dermatomes. The diagnosis included L4/5 and L5/S1 herniated nucleus pulposus with degenerative disc disease and facet syndrome, and lumbar spine spondylolisthesis. The treatment plan recommended lumbar spine MRI. He had failed conservative measures. He was a diabetic and afraid of epidural injections. The treatment plan recommended 2-level L4/5 and L5/S1 decompression and fusion and associated post-operative durable medical equipment. The 4/01/15 to 8/15/15 treating physician reports cited complaints of low back pain with no change in symptoms. The diagnosis was lumbar spine disc rupture. The treatment plan included

L4/5 and L5/S1 decompression and fusion, follow-up psyche and orthopedic consultations, and lumbar spine MRI. The 8/15/15 physical exam documented intact sensation along the right mid-anterior thigh, right anterior calf and right lateral ankle. Authorization was requested for transforaminal lumbar interbody fusion (TLIF) at L4/5 and L5/S1. The 9/14/15 utilization review non-certified the request for TLIF at L4/5 and L5/S1 based on an absence of documented abnormal imaging findings at L4/5 and L5/S1 and correlative neurologic deficits, limited documentation of failed conservative measures, and no evidence of psychological clearance.

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

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

#### **Transforaminal lumbar interbody fusion at L4-5, L5-S1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Lumbar spinal fusion.

**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 electrophysiologic 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 decompression 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. Spinal instability criteria includes lumbar inter-segmental translational movement of more than 4.5 mm. 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 with no documentation of lower extremity radicular symptoms. Clinical exam findings have been reported consistent with imaging evidence of plausible nerve root compromise at the L4/5 and L5/S1 levels, electrodiagnostic evidence of S1 nerve root irritation. Detailed evidence of a recent, 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

on flexion and extension x-rays. There is no discussion supporting the need for wide decompression that would result in temporary intraoperative instability and necessitate fusion. Potential psychological issues are documented with no evidence of a psychosocial screen. Therefore, this request is not medically necessary at this time.