

<b>Case Number:</b>	CM15-0188573		
<b>Date Assigned:</b>	09/30/2015	<b>Date of Injury:</b>	02/19/2013
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	08/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2015

### 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 49-year-old male who sustained an industrial injury on 2/19/13. Injury was reported relative to continuous trauma as a meat trimmer. Past medical history was positive for hypertension. Records documented that he was a smoker. The 11/25/13 lumbar spine MRI impression documented grade 1 to 2 anterolisthesis of L5 on S1 with bilateral pars defects. At L4/5, there was 1 to 2 mm diffuse disc bulge but the spinal canal and neural foramina were patent. At L5/S1, there was a moderate disc height loss with a 2 to 3 mm disc osteophyte complex with moderate to severe bilateral neuroforaminal stenosis. The spinal canal was patent. The 5/8/14 thoracic spine MRI impression documented non-acute compression fracture at T12/L1. At T9/10, there was 2 mm broad-based disc protrusion combined with ligamentum flavum hypertrophy produced spinal canal narrowing. The injured worker underwent bilateral knee arthroscopies on 3/18/15 including right knee arthroscopy with synovectomy, medial meniscectomy, and plica removal, and left knee removal of loose body. Records documented participation in post-operative physical therapy for the knees. The 8/7/15 treating physician report cited grade 8-9/10 low back pain radiating into the lower extremities, left greater than right. He also reported neck, temporomandibular joint, and upper and mid back pain. Physical exam documented moderately antalgic due to right knee pain, he was using a walking cane. Lumbar spine exam documented paralumbar muscle tenderness and spasms, left greater than right, mild to moderate loss of lumbar range of motion, positive straight leg raise on the left at 80 degrees, and negative Lasegue's test. The diagnosis included lumbar strain with left radiculopathy, left greater than right, and grade I-II anterolisthesis at L5/S1. He was unable to

work. Authorization was requested for L4-S1 fusion as recommended by the spine surgeon on 8/28/14. The injured worker remained symptomatic and had failed conservative treatment to date with no improvement. Medications were continued to include Naproxen, Norco, and Omeprazole. Authorization was requested for L4-S1 fusion. The 8/31/15 utilization review non-certified the request for L4-S1 fusion as there was no indication of instability verified by recent flexion/extension x-rays, no indication of recent MRI evidence of significant pathology at the L4 to S1 levels, and current exam did not reveal significant neurologic deficits.

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

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

**L4-S1 fusion:** 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 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 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. 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 persistent and function-limiting low back pain radiating into the lower extremities, greater on the left. There was imaging evidence of grade 1 to 2 anterolisthesis at the L5/S1 level with bilateral pars defects and moderate to severe bilateral neuroforaminal stenosis. At L4/5, there was a mild disc bulge but no evidence suggestive of

nerve root compromise. Clinical exam findings did not evidence a focal or progressive neurologic deficit. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. There is no radiographic evidence of spinal segmental instability on flexion and extension x-rays. There was no evidence of a psychosocial screen. Additionally, records indicated that the injured worker was a smoker with no evidence of smoking cessation consistent with guideline. Therefore, this request is not medically necessary at this time.