

<b>Case Number:</b>	CM15-0193547		
<b>Date Assigned:</b>	10/07/2015	<b>Date of Injury:</b>	09/29/2004
<b>Decision Date:</b>	11/16/2015	<b>UR Denial Date:</b>	09/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2015

### 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: California

Certification(s)/Specialty: Emergency Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 56 year old male, who sustained an industrial injury on 9-29-04. The injured worker was diagnosed as having lumbar discopathy with disc displacement; lumbar radiculopathy; bilateral sacroiliac arthropathy; mood disorder. Treatment to date has included medications. Currently, the PR-2 notes dated 7-2-15 indicated the injured worker returns to this office for an orthopedic evaluation and treatment. The documentation indicates the injured worker continues to complain of low back pain, as well as bilateral sacroiliac joint pain. The low back pain is reported to radiate up to his mid-thoracic area and into the base of his neck. The low back pain also radiates down into both legs and is associated with numbness and tingling in both legs. The injured worker reports the low back pain is aggravated by bending, twisting or lifting, as well as direct pressure over the sacroiliac joints. Medications and compound creams are reported as helpful in alleviating some of the pain. The injured worker was last provided medications on 5-31-15. They included Fexmid, Nalfon, Paxil, Prilosec and Ultram ER as well as topical cream. The provider documents a physical examination. "Examination of the lumbar spine reveals tenderness to palpation in the lumbar paraspinal musculature. There is loss of normal lordosis. There is decreased range of motion secondary to pain and stiffness. There is tenderness over bilateral sacroiliac joints. Fabere test and Patrick's test are positive. Supine straight leg raising test is positive at 20 degrees bilaterally. Motor strength is 5 out of 5 in the bilateral upper and lower extremities with normal bulk and tone. Sensation is diminished to light touch and pinprick at the bilateral L5 and S1 dermatomal distribution. Reflexes are 1+ throughout. Both toes are down going. Hoffmann's sign is

negative. There is no clonus noted. The provider's treatment plan includes a refill of medications and a urine toxicology testing. He is also repeating my request for an L4-5 and L5-S1 posterior lumbar interbody fusion with pedicle screw fixation as well as sacroiliac joint fixation and arthrodesis for stabilization of unstable segments and decompression of stenosis levels for the return of the patient's functional capacity." There are prior PR-2 notes for 2015 submitted and in review of that medical documentation, there is no reference to radiographic or diagnostic studies such as MRI, CT scans, X-rays or EMG-NCV studies. The provider does not document any other conservative treatment other than medications. A Request for Authorization is dated 10-1-15. A Utilization Review letter is dated 9-25-15 and non-certification for a L4-L5 and L5-S1 Interspinous Fixation Device. A request for authorization has been received for a L4-L5 and L5-S1 Interspinous Fixation Device.

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

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

#### **1 L4-L5 and L5-S1 Interspinous Fixation Device: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back chapter - Interspinous decompression device (X-stop).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Fusion (spinal).

**Decision rationale:** The requested 1 L4-L5 and L5-S1 Interspinous Fixation Device, is not medically necessary. CA MTUS is silent. Official Disability Guidelines, Low Back, Fusion (spinal) note: "Recommended as an option for spondylolisthesis, unstable fracture, dislocation, acute spinal cord injury with post-traumatic instability, spinal infections with resultant instability, scoliosis, Scheuermann's kyphosis, or tumors, as indicated in the Blue Patient Selection Criteria below. Not recommended in workers' compensation patients for degenerative disc disease (DDD), disc herniation, spinal stenosis without degenerative spondylolisthesis or instability, or nonspecific low back pain, due to lack of evidence or risk exceeding benefit." The injured worker has low back pain, as well as bilateral sacroiliac joint pain. The low back pain is reported to radiate up to his mid-thoracic area and into the base of his neck. The low back pain also radiates down into both legs and is associated with numbness and tingling in both legs. The injured worker reports the low back pain is aggravated by bending, twisting or lifting, as well as direct pressure over the sacroiliac joints. Medications and compound creams are reported as helpful in alleviating some of the pain. The injured worker was last provided medications on 5-31-15. They included Fexmid, Nalfon, Paxil, Prilosec and Ultram ER as well as topical cream. The provider documents a physical examination. "Examination of the lumbar spine reveals tenderness to palpation in the lumbar paraspinal musculature. There is loss of normal lordosis. There is decreased range of motion secondary to pain and stiffness. There is tenderness over bilateral sacroiliac joints. Fabere test and Patrick's test are positive. Supine straight leg raising test is positive at 20 degrees bilaterally. Motor strength is 5 out of 5 in the bilateral upper and lower extremities with normal bulk and tone. Sensation is diminished to light touch and

pinprick at the bilateral L5 and S1 dermatomal distribution. Reflexes are 1+ throughout. Both toes are down going. Hoffmann's sign is negative. There is no clonus noted." The provider's treatment plan includes a refill of medications and a urine toxicology testing. He is also "repeating my request for an L4-5 and L5-S1 posterior lumbar interbody fusion with pedicle screw fixation as well as sacroiliac joint fixation and arthrodesis for stabilization of unstable segments and decompression of stenosis levels for the return of the patient's functional capacity." There are prior PR-2 notes for 2015 submitted and in review of that medical documentation, there is no reference to radiographic or diagnostic studies such as MRI, CT scans, X-rays or EMG-NCV studies. The provider does not document any other conservative treatment other than medications. The criteria noted above not having been met, 1 L4-L5 and L5-S1 Interspinous Fixation Device is not medically necessary.