

<b>Case Number:</b>	CM15-0195815		
<b>Date Assigned:</b>	10/09/2015	<b>Date of Injury:</b>	12/01/2010
<b>Decision Date:</b>	11/20/2015	<b>UR Denial Date:</b>	09/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/05/2015

### 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 44-year-old male who sustained an industrial injury on 12/1/10. Injury occurred while working as a police officer and using a 50-pound ram over and over again, with onset of back pain. Past surgical history was positive for lumbar artificial disc replacements at L3/4 and L4/5 in July 2013, and C5/6 artificial disc replacement on 3/19/15. The 1/26/15 bilateral lower extremity EMG/NCV study conclusion documented electrodiagnostic evidence of an old right L4 radiculopathy characterized by no denervation and well-established re-innervation. The 1/27/15 lumbar spine MRI impression documented disc prostheses at the L3/4 and L4/5 levels. At L5/S1, there as a broad-based 1 mm disc bulge, in conjunction with facet hypertrophy and ligamentum flavum laxity that produced mild bilateral neuroforaminal narrowing and no central canal narrowing. There was a 2 mm broad-based disc bulge at L2/3, in conjunction with facet hypertrophy and ligamentum flavum laxity that produced mild bilateral neuroforaminal and central canal narrowing. The 9/2/15 treating physician report indicated that the injured worker had no back pain following facet blocks at L5/S1 on 7/16/15. The injured worker reported sciatic pain was starting up again and his feet were numb when sitting. Current medications included Norco and Ambien. Conservative treatment had included nerve root blocks and facet blocks with benefit. The injured worker had not had physical therapy or epidural injections. Physical exam documented full lumbar range of motion with tenderness bilaterally at L5/S1 and 1+ spasms. Lower extremity deep tendon reflexes were 1+ and symmetrical at the patella and absent at the Achilles. There was 5/5 lower extremity strength and decreased left L5 and bilateral S1 dermatomal sensation. The treating physician reported that L5/S1 was clearly causing his pain with facet arthropathy and radiculopathy. He had one month

of relief with the block and now all pains had returned. There was disc degeneration at L5/S1 and facet arthropathy. Fusion was required to stop the pain. Authorization was request for an anterior L5/S1 discectomy and interbody fusion and associated inpatient hospital stay for 1-2 nights. The 9/12/15 utilization review non-certified the requests for an anterior L5/S1 discectomy and interbody fusion and inpatient hospital stay for 1-2 nights as there was a lack of unequivocal objective findings of radiculopathy, no clear evidence that he had failed all conservative treatment options, minimal imaging findings at L5/S1, and no segmental instability to support interbody fusion.

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

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

#### **Anterior L5-S1 discectomy and interbody fusion: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Discectomy/laminectomy, Fusion (spinal).

**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. 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 recurrent radicular low back pain and bilateral foot

numbness. Clinical exam findings are consistent with plausible nerve root compression at the L5 and S1 levels. There was imaging evidence of mild bilateral neuroforaminal narrowing at L5/S1 with a 1 mm broad-based disc bulge, facet hypertrophy, and ligamentum flavum laxity. This injured worker is also status post artificial disc replacement at the L3/4 and L4/5 levels. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. There was benefit noted with facet blocks with no documentation of a physical therapy or epidural injection trial. 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. In addition, a disc replacement adjacent to a fused spinal segment would represent a hybrid-type complex/construct of which there are no significant long-term large volume medical literature studies at large. Therefore, this request is not medically necessary.

**Associated surgical service: Inpatient hospital stay for 1-2 nights: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Hospital length of stay (LOS).

**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-Lumbar & Thoracic: Hospital length of stay (LOS).

**Decision rationale:** As the surgical request is not supported, this request is not medically necessary.