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| <b>Case Number:</b>   | CM15-0198575 |                              |            |
| <b>Date Assigned:</b> | 10/14/2015   | <b>Date of Injury:</b>       | 06/28/2010 |
| <b>Decision Date:</b> | 11/23/2015   | <b>UR Denial Date:</b>       | 09/21/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/09/2015 |

### 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 46-year-old male who sustained an industrial injury on 6/28/10. The mechanism of injury was not documented. He underwent an L4-S1 lumbar fusion on 9/30/13. Records documented that he did not achieve benefit from the surgery. Conservative treatment had included physical therapy, acupuncture, medications, and activity modification following surgery. The 10/22/14 lumbar spine CT myelogram impression documented multilevel changes, most marked at the L5/S1 level. There was a suggestion of a right posterolateral disc protrusion at L3/4 with compromise on the right traversing nerve root which may be due to inherent technical differences. At L4/5, there was 50% decrease in disc height with 2 mm retrolisthesis. There was a 2-3 mm pseudo or true posterior disc protrusion with encroachment on the thecal sac but no compromise of the traversing or exiting nerve roots. There was an anterior disc osteophyte complex. At L5/S1, there was a 2-3 mm retrolisthesis with 20% decrease in disc height. There was a 4-5 mm central and right posterolateral disc protrusion with encroachment on the epidural fat and compromise of the traversing right S1 nerve root. There was also encroachment on the foramina with compromise of the exiting nerve roots bilaterally. There was no evidence of hardware failure. The 9/1/15 treating physician report cited persistent constant grade 6/10 low back pain with no radicular symptoms. Pain increased with prolonged sitting, standing, or walking. Imaging showed a 2 mm retrolisthesis of L2 on L3, and evidence of previous spinal fusion surgery. The injured worker had physical therapy with no relief. The surgeon recommended lumbar surgery revision. Physical exam documented antalgic gait with stiff and protective movements. There was lumbosacral tenderness and restricted and painful range of motion. Straight leg raise was negative. The diagnosis included lumbar degenerative disc disease, status post fusion with residual chronic pain. The injured worker was capable of modified work.

Norco was prescribed. Authorization was requested for revision lumbar spine surgery. The 9/21/15 utilization review non-certified the request for revision lumbar surgery as there was no official imaging report for review, no elaboration on the specific procedure/details of the planned revision lumbar surgery, no evidence of exhaustion and failure of recent conservative treatment, and no documentation of a psychosocial evaluation.

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

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

#### **Revision lumbar surgery: 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 (ODG) Treatment for Workers' Compensation, Online Edition, 2015, Low Back - Lumbar & Thoracic Chapter.

**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: Fusion (spinal).

**Decision rationale:** The California MTUS guidelines do not provide recommendations for revision lumbar surgeries. The Official Disability Guidelines recommend revision surgery for failed previous fusion at the same disc level if there are ongoing symptoms and functional limitations that have not responded to non-operative care; there is imaging confirmation of pseudoarthrosis and/or hardware breakage/malposition; and significant functional gains are reasonably expected. Revision surgery for purposes of pain relief must be approached with extreme caution due to the less than 50% success rate reported in medical literature. 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 radicular low back pain following previous L4-S1 fusion. There is imaging evidence of nerve root compromise at the L5/S1 level. Evidence of long-term and recent reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. However, there is no clinical exam evidence of a severe or progressive neurologic deficit. There is no imaging evidence suggestive of hardware failure or pseudoarthrosis. Potential psychological issues are documented with no evidence of a psychosocial screen. Additionally, this request does not specify the planned surgical procedure or anticipated functional gains. Therefore, this request is not medically necessary at this time.