

<b>Case Number:</b>	CM15-0200551		
<b>Date Assigned:</b>	10/15/2015	<b>Date of Injury:</b>	11/14/2013
<b>Decision Date:</b>	12/03/2015	<b>UR Denial Date:</b>	09/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2015

### 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: Minnesota, Florida

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 is a 55 year old female with a date of injury on 11-14-13. A review of the medical records indicates that the injured worker is undergoing treatment for lower back pain. Progress report dated 8-31-15 reports continued complaints of lower back pain that radiates to her bilateral buttocks, thighs, lower extremities and feet, left worse than the right. She has numbness and tingling in the soles of both feet. She uses a cane for stability. She had physical therapy with no relief and epidural injections which provided some relief for 4-6 weeks. Physical exam: motor exam strength 4 out of 5, diminished perception of light touch to shins and anterior soles of both feet, walks slow and cautious using a cane, unable to squat or stand without pain, lumbar range of motion is decreased with pain. Diagnostic studies: MRI lumbar spine dated 3-2-15 reveals L5-S1 anterior spondylolisthesis 5-6 mm, bilateral pars defects at L5 and mild 2 mm bulge of the disc annulus, X-ray of lumbar spine 3-2-15 reveals disc narrowing and grade I anterolisthesis L5-S1. Request for authorization dated 9-16-15 was made for Transforaminal lumbar interbody fusion L5-S1 with PA-C assistant, 3 day length of stay and Aspen LSO brace. Utilization review dated 9-23-15 non-certified the requests.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Transforaminal Lumbar Interbody Fusion L5-S1 with PA-C Assistant: 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 rationale:** Per Neurosurgical consultation dated August 31, 2015, the injured worker is a 55-year-old female with complaints of low back pain radiating down both lower extremities, worse on the left. She has numbness and tingling in the soles of both feet. She feels off balance and uses a cane. Epidural steroid injections were helpful for 4-6 weeks. On examination the gait was cautious and slow. Straight leg raising was positive bilaterally. Sensory examination revealed diminished perception of light touch in the shins and anterior soles of both feet. Motor examination was 4/5 for all muscle groups in both lower extremities. Deep tendon reflexes were 1+ for the quadriceps and absent for the Achilles reflexes. X-rays of the lumbar spine have revealed bilateral pars defects at L5 with grade 1 spondylolisthesis at L5-S1. MRI of the lumbar spine revealed mild bulge of the annulus without neural impingement or bony stenosis and widely patent neural foramina at L5-S1 with no evidence of nerve root compression or moderate or severe neural foraminal stenosis. Flexion/extension films have not been provided. The California MTUS guidelines indicate surgical considerations for severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise, activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms, clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long-term from surgical repair and failure of conservative treatment to resolve disabling radicular symptoms. In this case the imaging studies, particularly the MRI scan does not show any significant neural foraminal narrowing or nerve root compression. The clinical findings do not correlate with the MRI findings and flexion/extension x-rays reports have not been submitted. As such, the guidelines do not support the requested fusion at L5-S1 and the medical necessity of the request has not been substantiated.

**Associated Surgical Service: 3 day Length of stay:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Hospital Length of Stay.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Surgical Considerations.

**Decision rationale:** Since the primary surgical procedure is not medically necessary, none of the associated surgical requests are applicable.

**Associated Surgical Service: Aspen LSO Brace:** 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 rationale:** Since the primary surgical procedure is not medically necessary, none of the associated surgical requests are applicable.