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| <b>Case Number:</b>   | CM15-0206465 |                              |            |
| <b>Date Assigned:</b> | 10/23/2015   | <b>Date of Injury:</b>       | 03/23/2015 |
| <b>Decision Date:</b> | 12/09/2015   | <b>UR Denial Date:</b>       | 09/30/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/21/2015 |

### 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 54-year-old male who sustained an industrial injury on 3/23/15. Injury occurred when he tripped on the root of a plant and fell backwards onto his left side. Past medical history was positive for diabetes, hypertension, and elevated cholesterol. Conservative treatment included medications, rest, activity modification, and physical therapy. The 6/3/15 lumbar spine MRI impression documented bilateral L5 pars defects with grade I anterolisthesis of L5 with respect to S1 with severe disc desiccation. There was 8 mm of disc uncovering with severe foraminal narrowing and facet hypertrophy. At L4/5, there was a disc bulge and foraminal narrowing and facet hypertrophy. At L3/4, there was a disc bulge with foraminal narrowing and facet hypertrophy. At L2/3 there was a disc bulge and mild inferior foraminal narrowing. There were disc bulges at T12/L1 and L1/2. The 9/22/15 treating physician report cited complaints of low back and left lower extremity pain up to grade 8/10 with associated left lower extremity weakness and paresthesias. Symptoms were increased by activities of daily living and standing, and decreased with rest and anti-inflammatories. He had attended several recent sessions of physical therapy and was no longer taking anti-inflammatory medications. Physical exam documented diminished left ankle jerk and diminished left lateral leg and foot sensation. Motor strength was normal. He had normal station and gait. Mental exam documented the injured worker was alert, oriented and appropriate with normal speech. The injured worker suffered from spondylolisthesis with radiculopathy that precluded full productivity. Authorization was requested for L5/S1 posterior spinal fusion, pre-operative medical clearance, and pre-op labs complete blood count (CBC) and basic metabolic panel (BMP). The 9/30/15 utilization review

non-certified the L5/S1 posterior spinal fusion and associated surgical requests as there was no documentation of significant exam findings.

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

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

#### **L5-S1 Posterior Fusion Procedure: 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 fully met. This injured worker presents with low back pain radiating into the left lower extremity with paresthesias and weakness. Symptoms reportedly interfered with full productivity. Clinical exam findings were consistent with imaging evidence of spondylolisthesis and plausible neural compromise at L5/S1. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. There is radiographic evidence of spondylolisthesis at L5/S1. There was no documentation of dynamic spinal segmental instability on flexion or extension x-rays. There was no discussion by the treating physician of spinal instability. There was no documentation of smoking status or evidence of a psychosocial screen. Therefore, this request is not medically necessary at this time.

**Pre-operative medical clearance:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.guideline.gov/content](http://www.guideline.gov/content).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for Clinical Systems Improvement (ICSI). Preoperative evaluation. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2010 Jun. 40 p.

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

**Associated Surgical Services; CBC,BMP:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Practice advisory for preanesthesia evaluation: an updated report by the American Society of Anesthesiologists Task Force on Preanesthesia Evaluation. Anesthesiology 2012 Mar; 116(3):522-38.

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