

<b>Case Number:</b>	CM15-0215961		
<b>Date Assigned:</b>	11/05/2015	<b>Date of Injury:</b>	01/18/2013
<b>Decision Date:</b>	12/16/2015	<b>UR Denial Date:</b>	10/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2015

### 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 69-year-old female who sustained an industrial injury on 1/18/13. The mechanism of injury was not documented. Conservative treatment was documented in the records to include home exercise program, medications, and activity modification. The 7/27/15 treating physician report cited persistent consistent low back pain with stress and anxiety. Physical exam documented no change in low back pain with tenderness over L5/S1. There was limited range of motion. Surgical authorization was pending. The treatment plan included medications and referral to a psychologist. The 9/5/15 spine surgery report cited increasing back and bilateral leg pain with a history of neurogenic claudication. She was not working. She had a diagnosis of grade 1 spondylolisthesis at L5/S1 and spinal stenosis at L3/4. Physical exam documented paraspinal muscle spasms and tenderness. There were 2+ and symmetrical lower extremity deep tendon reflexes. There was decreased L5 dermatomal sensation on the right. There was 4+/5 extensor hallucis longus weakness. Imaging from 5/23/15 was reviewed and showed obvious spinal stenosis at L3/4 with severe degenerative disc disease, disc space collapse at L5/S1 and stenosis at L5/S1. The L4/5 level also shows some stenosis and facet arthropathy. There was 3-level pathology. A decompressive laminectomy was recommended at L3/4 and L4/5 and a posterior lumbar interbody fusion was recommended at L5/S1. Authorization was requested for a posterior lumbar interbody fusion at L5/S1 with laminectomy at L3/4 and L4/5. The 10/12/15 utilization review non-certified the request for posterior lumbar interbody fusion at L5/S1 with laminectomy at L3/4 and L4/5 as there was no documentation of nerve tension signs, radiographic evidence of instability at L5/S1, imaging evidence of nerve root compression,

lateral disc rupture or lateral recess stenosis at L3/4 and L4/5, and detailed evidence of conservative treatment failure.

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

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

**Posterior lumbar interbody fusion L5-S1 with laminectomy L3-L4, L4-L5:** Upheld

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

**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, 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 fully met for the requested procedure. This injured worker presents with persistent low back pain radiating into the lower extremities, and a history of neurogenic claudication. Clinical exam findings are consistent with reported imaging evidence of spinal stenosis. A formal MRI report was not provided. There is no radiographic evidence of spondylolisthesis or spinal segmental instability on flexion and extension x-rays in the available medical records. There is no discussion or imaging evidence supporting the need for wide decompression that would result in temporary intraoperative instability and necessitate fusion. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been

submitted. Potential psychological issues are documented with no evidence of a psychosocial screen. Therefore, this request is not medically necessary at this time.