

<b>Case Number:</b>	CM15-0046443		
<b>Date Assigned:</b>	03/18/2015	<b>Date of Injury:</b>	01/23/2011
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	03/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/11/2015

### 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:

The injured worker is a 57-year-old male who sustained an industrial injury on 1/23/11. Injury occurred when a cow attacked him, lifting him into the air and throwing him approximately 12 feet through the air. He landed on the ground on his back. Past surgical history was positive for umbilical hernia repair on 2/16/11, left carpal tunnel release on 3/24/11, left shoulder surgery on 11/9/11, and right shoulder surgery on 9/27/12. The 1/18/14 electrodiagnostic study revealed findings consistent with L5/S1 motor radiculopathy, worse on the left. The 1/15/15 lumbar spine MRI impression documented no significant interval change. There was persistent anterolisthesis of L5 on S1 with uncovering of the disc, bilateral L5 pars defects, moderate to advanced bilateral neuroforaminal narrowing, and facet arthropathy contributed to central canal stenosis at L5/S1. The 2/18/15 treating physician report documented follow-up for a diagnosis of spondylolisthesis, with progressive neurologic deficits in the legs that have gotten worse. Physical exam documented 3/5 bilateral dorsiflexion and plantar flexion weakness with no atrophy. He was able to ambulate with a cane. X-rays were taken and showed significant instability, with a transitional S1-S2 segment. MRI was reviewed and showed progression of disease with the spondylolisthesis, stenosis, and facet arthropathy. The treatment plan recommended L4-S1 instrumented fusion and decompression. The 3/4/15 utilization review non-certified the request for L4-S1 instrumented fusion and decompression as there was no radiologist interpretation describing instability, and no clear imaging evidence for surgical indication at the L4/5 level.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**L4-S1 Instrumental Fusion and Decompression: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, Fusion, Indications for Surgery - Discectomy.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Lumbar & Thoracic, Discectomy/Laminectomy, Fusion (spinal).

**Decision rationale:** The California MTUS guidelines recommend lumbar discectomy for carefully selected patients with nerve root compression due to lumbar disc prolapse. MTUS guidelines indicate that lumbar spinal fusion may be considered for patient with increased spinal instability after surgical decompression at the level of degenerative spondylolisthesis. Guidelines state there is no good evidence that spinal fusion alone was effective for treating any type of acute low back problem, in the absence of spinal fracture, dislocation, or spondylolisthesis if there was instability and motion in the segment operated on. Before referral for surgery, consideration of referral for psychological screening is recommended to improve surgical outcomes. The Official Disability Guidelines recommend criteria for lumbar laminotomy 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. Fusion is recommended for objectively demonstrable segmental instability, such as excessive motion with degenerative spondylolisthesis. Pre-operative clinical surgical indications require completion of all physical therapy and manual therapy interventions, x-rays demonstrating spinal instability, spine pathology limited to 2 levels, and psychosocial screening with confounding issues addressed. Guideline criteria have not been met. This injured worker presents with persistent low back and lower extremity pain, with progressive neurologic deficits. Clinical exam findings are consistent with plausible imaging evidence of neurocompression and positive electrodiagnostic evidence of L5/S1 radiculopathy. The treating physician report has reported radiographic evidence of significant instability. However, detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. A psychosocial evaluation is not evidenced. Therefore, this request is not medically necessary at this time.