

<b>Case Number:</b>	CM15-0050388		
<b>Date Assigned:</b>	03/23/2015	<b>Date of Injury:</b>	07/08/2014
<b>Decision Date:</b>	05/13/2015	<b>UR Denial Date:</b>	02/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/17/2015

### 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: 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 50-year-old male who reported injury on 07/08/2014. The mechanism of injury was repetitive bending and stooping, as well as repetitive lifting and loading and unloading his truck. The injured worker indicated he underwent an MRI, facet blocks, and possibly epidural steroid injections. The injured worker had pain localized to the lumbar spine. There was increased pain with the Valsalva type maneuver. The physical examination revealed an absent Achilles reflex on the left. Motor strength was 5/5; sensation was normal. The x-rays revealed decreased disc heights at L1-2, L3-4, L4-5, and L5-S1, with grade 1 spondylolisthesis at L5-S1, and retrolisthesis at L4-5. The spondylosis on flexion measured 7.9 mm; and on extension, measured 4.7 mm. The injured worker underwent an MRI of the lumbar spine on 12/22/2013. The unofficial read included the salient feature was at L4-5, there were discogenic changes with facet arthrosis and lateral recess stenosis causing moderate central canal stenosis and lateral recess stenosis. At L5-S1, there were significant discogenic changes with diffuse disc bulging and facet arthrosis resulting in moderate central canal stenosis and lateral recess stenosis. There was moderate to severe bilateral foraminal stenosis. The remaining levels showed evidence of spondylosis without evidence of stenosis. The diagnoses included grade 1 spondylolisthesis at L5-S1, retrolisthesis L4-5, lumbar spinal cord stimulator L4-5 and L5-S1; and bilateral lower extremity radiculitis. The treatment plan included an EMG/NCV of the bilateral lower extremities to rule out active denervation consistent with radiculopathy. The treatment plan included 12 sessions of physical therapy, as it was indicated the injured worker had not had prior physical therapy or chiropractic treatment. The injured worker underwent 6

sessions of physical therapy from 12/15/2014 through 12/29/2014. The documentation of 12/30/2014, by way of orthopedic re-evaluation, revealed the injured worker had been in physical therapy; however, after therapy, the legs went completely numb. The injured worker underwent EMG/NCV testing, which was noted to reveal evidence for bilateral L5 radiculopathy, left greater than right. The discussion and treatment included the injured worker had evidence for bilateral L5 radiculopathy, left greater than right. The injured worker had x-ray and MRI evidence of spondylolisthesis at L5-S1, and moderate canal stenosis per the previous MRI of 12/2013. The physician indicated in view of the injured worker's non response to conservative treatment, which included nonsteroidal anti-inflammatory medications and physical therapy, the injured worker was opined to be a surgical candidate. The documentation indicated the injured worker had evidence for bilateral L5 radiculopathy per EMG/NCV, and evidence of spondylolisthesis at L5-S1; and the recommendation was made for an MRI prior to the surgical intervention.

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

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

#### **Minimally Invasive Transforaminal Lumbar Interbody Fusion and Posterior Instrumented Fusion at the levels of L4-L5 and L5-S1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307.

**Decision rationale:** The American College of Occupational and Environmental Medicine indicate a surgical consultation may be appropriate for injured workers who have severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies preferably with accompanying objective signs of neural compromise. There should be documentation of activity limitations due to radiating leg pain for more than 1 month or the extreme progression of lower leg symptoms, and 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 documentation of a failure of conservative treatment to resolve disabling radicular symptoms. Additionally, there is no good evidence from controlled trials that spinal fusion alone is effective for treating any type of acute low back problem, in the absence of spinal fracture, dislocation, or spondylolisthesis if there is instability and motion in the segment operated on. Clinicians should consider referral for psychological screening to improve surgical outcomes. There would be no necessity for EMG testing for a fusion. The duration of conservative care was not provided. The Official MRI was not provided for review. The documentation indicated the injured worker had evidence of spondylolisthesis at L5-S1. However, there were no findings noted, to include spondylolisthesis at L4-5. There was a lack of documentation of psychological screening for a 2 level fusion. Given the above, the request for 1 minimally invasive transforaminal lumbar interbody fusion and posterior instrumented fusion at the levels of L4-L5 and L5-S1 is not medically necessary.

**1 Preoperative medical clearance: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low back, Preoperative testing, general.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

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

**1 Post operative Lumbar brace: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low back, Back brace, post operative (fusion).

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

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

**Associated surgical service: 1 Shower chair: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low back, Knee & Leg.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

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

**Associated surgical service: 1 3-in-1 commode: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, Knee & Leg.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

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

**Associated surgical service: 1 Walker: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low back, Knee & Leg.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

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

**1 Post-Operative Home Health Evaluation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

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