

<b>Case Number:</b>	CM15-0050585		
<b>Date Assigned:</b>	03/24/2015	<b>Date of Injury:</b>	09/28/2010
<b>Decision Date:</b>	05/07/2015	<b>UR Denial Date:</b>	02/26/2015
<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: 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 51-year-old male who suffered an industrial injury on 9/28/10. Injury occurred when he fell 15 feet off a ladder. The 8/13/14 electrodiagnostic study documented findings consistent with mild generalized sensorimotor peripheral neuropathy. A possibility of underlying mild bilateral L5/S1 radiculopathy could not be excluded entirely. The 11/5/13 lumbar MRI impression documented multilevel spondylosis and spondylolisthesis with mild to moderate L4/5 spinal stenosis and anterolisthesis. The 1/21/15 treating physician report cited low back pain radiating primarily to the left leg. Pain was 9.5/10 without medications, and 6/10 with pain medication. Pain was aggravated by sitting, standing, walking, bending, and lifting. He underwent lumbar epidural steroid injection on 11/11/14 with about 35% relief. Physical exam documented straight leg raise positive on the left leg and mildly positive on the right, 5/5 motor strength, and inability to obtain bilateral lower extremity reflexes. He had a slightly antalgic gait. The 2/19/15 treating provider report cited back pain equivalent to his left lower extremity pain. He reported back pain extending down the left posterior buttock, thigh and leg and some right thigh pain. Physical exam documented intact bilateral lower extremity sensation and motor. X-rays on 2/18/15 demonstrated a degenerative spondylolisthesis of L4 on L5 with motion on flexion/extension. In neutral, the listhesis was 6 mm with superimposed width of 52 mm of L5. With extension, this was 5 mm and 54 mm. With flexion, this was 9 mm and 56 mm. There was some decreased disc height at L1/2, L2/3, and L3/4. The diagnosis was spinal stenosis, acquired spondylolisthesis, and lumbar/lumbosacral intervertebral disc degeneration. The treatment plan recommended L4/5 decompression and fusion with transforaminal lumbar interbody fusion with

cage placement. The 2/26/15 utilization review non-certified the request for lumbar decompression L4/5 and L4/5 transforaminal lumbar interbody fusion with instrumentation and cage placement as there was a lack of repeat MRI findings and incomplete physical therapy on the last office visit to determine the medical necessity of this request.

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

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

#### **Lumbar decompression L4-5 and L4-5 transforaminal lumbar interbody fusion with instrumentation and cage placement: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter.

**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 i½ Lumbar & Thoracic, Discectomy/Laminectomy, Fusion (spinal).

**Decision rationale:** The California MTUS guidelines recommend lumbar decompression 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. Before referral for surgery, consideration of referral for psychological screening is recommended to improve surgical outcomes. The Official Disability Guidelines recommend criteria for lumbar decompression 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 presented with back pain radiating into both legs. There was imaging evidence of L4/5 spondylolisthesis with motion documented on flexion/extension x-rays. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure had been submitted. However, there was no clear imaging evidence of nerve root compression and no clinical exam findings documented that suggest nerve root compromise. There was no evidence of psychosocial clearance. Therefore, this request is not medically necessary at this time.