

<b>Case Number:</b>	CM15-0059956		
<b>Date Assigned:</b>	04/06/2015	<b>Date of Injury:</b>	05/10/2013
<b>Decision Date:</b>	05/12/2015	<b>UR Denial Date:</b>	03/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/30/2015

### 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 65-year-old male who sustained an industrial injury on 5/10/13. The mechanism of injury was not documented. The 9/19/13 lumbar spine MRI impression documented degenerative change of the lumbar spine, superimposed on a background of borderline congenital canal narrowing. There was a right L5/S1 subarticular disc extrusion extending to the caudal aspect of the right L5/S1 neural foramen, resulting in severe right and moderate left neuroforaminal narrowing. There were signal changes within the exited right L5 nerves suggesting neuritis. The injured worker underwent right L5/S1 interlaminar decompression, L5 and S1 nerve root decompression, and far lateral discectomy on 7/30/14. The 1/12/15 lumbosacral spine x-rays documented no abnormal motion on flexion or extension. There was moderate multilevel degenerative changes characterized by facet hypertrophy and disc osteophyte complex. The 2/12/15 physical therapy progress report indicated that the injured worker did not have much radiating pain and was able to walk better. There was continued pain in the lumbar spine and difficulty with transfers and ambulation. He was participating in a regular home exercise program. Physical exam documented significant functional improvements in range of motion and strength. The physical therapist recommended additional physical therapy to address weak core muscles. The 3/9/15 treating physician report cited persistent low back pain with no radiating pain. He had improved with a brace. Imaging confirmed L5/S1 degenerative disc disease. He had not improved with conservative treatment or physical therapy. Exam findings documented low back pain. The injured worker was neurologically intact. The diagnosis included resolved right lumbar radiculitis status post right L5/S1 decompression surgery, and

chronic post-op low back pain secondary to L5/S1 degenerative disc disease. The injured worker had a stroke in early 2015 with upper extremity numbness and weakness that had resolved. The treatment plan recommended continued Norco and L5-S1 anterior lumbar interbody fusion. The 3/13/15 utilization review non-certified the request for L5/S1 anterior lumbar interbody fusion as there was no evidence of spinal instability or documentation of motor or sensory deficits. The 3/30/15 treating physician appeal letter stated that the injured worker was status post successful L5/S1 interlaminar decompression on 7/30/14 with resolved right lumbar radiculitis but persistent chronic low back pain. He opined that residual symptoms were relative to his degenerative disc disease at L5/S1. Lower back pain had improved with a brace which was suggestive that he will improve with internal fixation. He recommended proceeding with a L5/S1 anterior lumbar interbody fusion.

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

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

#### **L5-S1 Anterior lumbar interbody fusion: Upheld**

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

**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  $i\frac{1}{2}$  Lumbar & Thoracic: Fusion (spinal).

**Decision rationale:** The California MTUS guidelines indicate that lumbar spinal fusion may be considered for patients with increased spinal instability after surgical decompression at the level of degenerative spondylolisthesis. Guidelines state there was 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. The Official Disability Guidelines (ODG) state that spinal fusion is not recommended for patients who have less than six months of failed recommended conservative care unless there is objectively demonstrated severe structural instability and/or acute or progressive neurologic dysfunction. Guidelines state that spinal fusion is recommended as an option for spinal fracture, dislocation, spondylolisthesis or frank neurogenic compromise, subject to the selection criteria. 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 pain following successful decompression surgery. Symptoms were reported improved with bracing. There is no evidence of neurologic deficit. There is no radiographic evidence of spinal segmental instability. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. The injured worker has participated in post-op physical therapy with significant functional improvement but continued weak core muscles documented. There is no evidence of a

psychosocial evaluation and medical clearance for surgery. Therefore, this request is not medically necessary.