

Case Number:	CM15-0060323		
Date Assigned:	04/06/2015	Date of Injury:	02/14/2013
Decision Date:	05/13/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	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 42-year-old who sustained an industrial injury on 2/14/13, relative to a fall. The 2/16/15 treating physician report cited on-going grade 7-10/10 low back symptoms that have failed 2 years of conservative treatment, including one epidural steroid injection. Prior surgical authorization was noted for an L4/5 and L5/S1 fusion, but the surgeon withdrew from the workers compensation system. There was imaging evidence of a disc protrusion at L4/5 and spondylolisthesis at L5/S1. Physical exam documented tenderness to palpation at the spinal processes L3-S1, bilateral posterior superior iliac spine, and paravertebral muscles. There was significant loss of lumbar range of motion, positive straight leg raise at 60 degrees left and 80 degrees right, symmetrical 1+ deep tendon reflexes, numbness and tingling down the entire left leg, and ability to walk easily on his heels/toes. Flexion/extension x-rays showed very limited motion with some mild instability at L5/S1. The diagnosis included lumbar spine spondylolisthesis, and lumbar spine disc protrusion. The treatment plan recommended updated MRI and spine surgery referral. The 3/6/15 lumbar spine MRI impression documented grade 1 (4 mm) anterolisthesis at L5/S1 with bilateral pars defects noted. There was mild to moderate left neuroforaminal narrowing at L4/5 secondary to a 1-2 mm broad-based posterior disc protrusion with left exiting nerve root compromise seen. At L5/S1, there was a posterior annular tear in the intervertebral disc with accompanying 2-3 mm broad-based posterior disc protrusion resulting in moderate to severe neuroforaminal narrowing with facet joint hypertrophy and bilateral exiting nerve root compromise. The 3/11/15 spinal surgery report cited severe low back pain and spasms with bilateral leg numbness and tingling, and associated feelings of instability and weakness. He

described new onset penile testicular numbness, erectile dysfunction, and difficulty defecating. Conservative treatment, including physical therapy, activity modification, and medications, have not provided sustained relief. Physical exam documented difficulty with flexion/extension due to low back pain, positive straight leg raise bilaterally, decreased L5/S1 sensation, absent Achilles reflexes bilaterally, and 5/5 lower extremity strength. MRI and x-rays demonstrate bilateral pars fractures with grade 1 isthmic spondylolisthesis and moderate to severe lateral recess foraminal stenosis. The treatment plan recommended anterior lumbar interbody fusion (ALIF) and circumferential posterior spinal fusion of L5/S1 with decompression. The 3/26/15 utilization review non-certified the request for left anterior lumbar interbody fusion as there was no documentation of instability or a statement the decompression would create surgically induced instability.

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 and posterior circumferential spinal fusion with decompression: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back AMA Guides.

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, Discectomy/Laminectomy, Fusion (spinal).

Decision rationale: The California MTUS guidelines recommend spinal decompression for carefully selected patients with nerve root compression. 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 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. Fusion may be supported for surgically induced segmental instability. 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 patient presents with signs/symptoms and clinical exam findings consistent with imaging evidence of nerve root compression. The treating physician reported x-rays showed very limited motion with some mild

instability at L5/S1, and the spinal surgeon documented evidence of L5/S1 pars fractures. Evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. However, there is no evidence of a psychosocial screen or documentation of an absence of potential psychological issues. Therefore, this request is not medically necessary at this time.