

<b>Case Number:</b>	CM15-0081862		
<b>Date Assigned:</b>	05/04/2015	<b>Date of Injury:</b>	08/03/2010
<b>Decision Date:</b>	06/03/2015	<b>UR Denial Date:</b>	04/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/28/2015

### 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 64-year-old male who sustained an industrial injury on 8/3/10. The mechanism of injury was not documented. Records indicated that requests for L4/5 and L5/S1 transforaminal lumbar interbody fusion (TLIF) were denied in utilization review on 11/3/14. The 12/13/14 lumbar spine MRI impression documented moderate discal and endplate degenerative changes at the L4/5, with mild similar changes at the L3/4 level. There was minimal to mild multilevel spondylotic change. Findings documented mild degenerative changes at L1/2, L2/3, and L3/4. There was moderate disc space narrowing at L4/5 with mild posterior spurring, and annular bulging with mild bilateral foraminal narrowing. The L5/S1 level was reported normal. The injured worker underwent L4/5 transforaminal lumbar interbody fusion on 12/31/14. The 2/26/15 treating physician report indicated that the patient was 2 months status post L4/5 transforaminal lumbar interbody fusion (TLIF) and was doing great. His pre-operative symptoms had resolved and he had been off his pain medications for over a month. He was having no pain, or leg numbness, tingling, and weakness. He was looking forward to return to the gym and golf. He was to begin physical therapy and activity restrictions were outlined. Physical exam documented intact lower extremity strength and sensation. The treatment plan recommended follow-up in 2-3 months and was prescribed physical therapy. A request was submitted on 4/7/15 for L4/5 and L5/S1 TLIF with pre-operative EKG, chest x-ray, and lab testing. The 4/14/15 utilization review certified a request for L4/5 transforaminal lumbar interbody fusion (TLIF) with pre-operative EKG, chest x-ray, and lab testing. The request for L5/S1 TLIF was non-certified as the medical necessity was not demonstrated for surgery at the L5/S1 level as the disc was reported as normal.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **L5-S1 Transforaminal lumbar interbody fusion qty: 1.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307, 310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back-Lumbar and Thoracic (Acute and Chronic), Fusion (spinal).

**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 decompression surgery for lumbosacral nerve root decompression. 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. 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 underwent an L4/5 transforaminal lumbar interbody fusion on 12/31/14 for low back pain radiating to the lower extremity with weakness, numbness and tingling. There was imaging of plausible nerve root compression at the L4/5 level. However, there was no imaging evidence of abnormal disc or nerve root compression at L5/S1. The patient had an excellent response to surgery at the L4/5 level with subsequent discontinuation of medications and resumption of activities of daily living and recreational pursuits. There is no compelling reason to support the medical necessity of surgery at the L5/S1 level. Therefore, this request is not medically necessary.