

Case Number:	CM15-0087120		
Date Assigned:	05/11/2015	Date of Injury:	06/11/2012
Decision Date:	06/10/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/06/2015

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 47-year-old male who sustained an industrial injury on 6/11/12, relative to heavy lifting. The 6/5/14 lumbar spine MRI impression documented a 3-4 mm posterior disc bulge with encroachment on the epidural fat, and encroachment on the foramina with acquired foraminal stenosis and compromise of the exiting nerve roots. Centrally, there was no significant encroachment on the canal or traversing nerve roots. There was a 2-3 mm anterior disc protrusion. The facet joints were small but otherwise satisfactory. There were Modic changes in the adjacent vertebral body endplates. The 3/23/15 treating physician report cited persistent and progressively worsening low back pain. He had failed physical therapy, acupuncture, and a recent epidural injection. He had lost 15 pounds recently but this had not helped improve his low back pain. Pain was reported constant severe and aggravated by bending, lifting, twisting, pushing, pulling, prolonged sitting, prolonged standing, and walking multiple blocks. Burning pain radiated into the lower extremities. He had severe sleep difficulties. Physical exam documented guarded and restricted lumbar flexion and extension, no clinical evidence of instability, and intact coordination and balance. There was numbness and tingling in the lateral thigh, anterolateral and posterior leg and foot, correlating with the L5 and S1 dermatomal patterns. There was worsening 3+/5 to 4-/5 S1 myotomal strength and 4/5 extensor hallucis longus strength. Ankle reflexes were absent on the right and trace on the left. X-rays showed Modic end-plate changes at L5/S1 with almost complete disc space height collapse and hypermobility. The diagnosis was lumbar discopathy with radiculitis and segmental instability. The 4/20/15 treatment authorization request for L5/S1 posterior lumbar interbody fusion (PLIF)

and possible reduction of listhesis stated that in order to perform adequate decompression, it will be necessary to perform an adequate decompression including complete bilateral facetectomies which if not addressed with interbody fusion will result in iatrogenic listhesis or instability. Additionally requests included purchase of a front wheeled walker. The 4/28/15 utilization review partially certified the request for L5/S1 posterior lumbar interbody fusion with instrumentation and possible reduction of listhesis to L5/S1 posterior lumbar interbody fusion with instrumentation. The rationale indicated that there was limited evidence of listhesis on imaging to support this request. The request for purchase of a front wheel walker was non-certified as documentation did not reflect significant strength issues, gait abnormalities, or safety issues in this individual to indicate the need for this type of assistive device.

IMR ISSUES, DECISIONS AND RATIONALES

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

L5-S1 Posterior PLIF with Instrumentation and Possible Reduction of Listhesis:
Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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;½ 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 been met. This patient presents with low back pain radiating into the lower extremities. Clinical exam findings are consistent with imaging evidence of L5/S1 disc protrusion with nerve root compromise. A wide decompression has been deemed necessary with potential for intraoperative instability, including listhesis. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. There are no psychological issues reported. The 4/28/15 utilization review partially certified this request to allow for L5/S1 posterior lumbar interbody fusion with instrumentation. The request for possible reduction of

listhesis was denied as there was no imaging or clinical exam evidence of current listhesis. The treating physician report has opined the possibility of temporary intraoperative instability, including listhesis. Therefore, this request is medically necessary.

Associated Surgical Service: Front Wheel Walker: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Walking aids (canes, crutches, braces, orthoses, & walkers).

Decision rationale: The California MTUS guidelines do not address the use of walkers, but recommend limited restriction of activity to avoid deconditioning. The Official Disability Guidelines state that disability, pain, and age-related impairments determine the need for a walking aid. Assistive devices can reduce pain and allow for functional mobility. The use of a front wheel walker seems reasonable to allow for early post-op functional mobility. Therefore, this request is medically necessary.