

<b>Case Number:</b>	CM14-0143656		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	01/05/2005
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	08/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2014

### 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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 48 year old male with a 1/4/05 injury date. He slipped and fell while carrying heavy materials and injured his lower back and neck. He was then treated surgically with a 2005 lumbar laminectomy, a 2010 L4-S1 lumbar decompression and fusion, and several right knee arthroscopies. He was reinjured on 5/16/14 during an altercation that occurred during an attempted robbery. In a follow-up on 8/7/14, subjective complaints included an increase in lower extremity symptoms while the spinal cord stimulator was in use, and continued lower back pain with radiation in the lower extremities. Objective findings included mild weakness of the left tibialis anterior, symmetric reflexes, and loss of sensation in the left anterolateral calf and dorsal plantar distribution of the left lower extremity. An EMG of the lower extremities on 11/14/12 showed acute on chronic left L4-5 lumbar radiculopathy and bilateral S1 radiculopathy. Lumbar xrays on 12/31/13 showed prior surgery from L4-S1 with well-positioned grafts, pedical screw fixation from L4-S1 with normal alignment, and no hardware failure. A CT myelogram on 6/32/14 showed post-op changes from L4-S1, mild canal narrowing at L3-4 and L4-5 with slight mass effect near the origin of the left L4 nerve root, no complications of hardware, and no evidence of pseudarthrosis. At L3-4 there was severe canal stenosis with left-sided ligamentous hypertrophy and granulation tissue, and foraminal stenosis with clumping of the cauda equine. In follow-up notes from 7/23/14 and 8/27/14, it is clear that the provider is recommending fusion from L1-L4. Diagnostic impression: lumbar spondylosis, disc disease, radiculopathy s/p lumbar fusion. Treatment to date: spinal cord stimulator, L4-S1 lumbar fusion, medications, physical therapy, epidural steroid injections. A UR decision on 8/27/14 denied the request for lumbar decompression and laminectomy (L4-S1), removal of hardware, and fusion exploration on the basis of insufficient medical evidence. It appears on the CT myelogram that the pain generator is at the L3-4 level. With chronic-appearing lower extremity symptoms, it is unclear how further

decompression at L4-S1 would substantially improve function. In addition, there is no evidence of a pseudarthrosis at L4-S1 that would require exploration of the fusion graft. A request for removal of the spinal cord stimulator was certified.

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

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

#### **Lumbar decompression, laminectomy L4-5 and L5-S1: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Integrated Treatment/Disability Duration Guidelines, Low Back- Lumbar & Thoracic (acute & chronic)

**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 Chapter.

**Decision rationale:** CA MTUS states that surgical intervention is recommended for patients who have severe and disabling lower leg symptoms in the distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise; activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms; clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long-term from surgical repair; and failure of conservative treatment. In the present case, it is clear from recent follow-up notes that the provider is considering L1-4 decompression and fusion, which makes sense in light of the CT myelogram which shows significant central stenosis at L3-4 with cauda equina clumping. The current request for lumbar decompression at L4-S1 is questionable due to the minimal pathology seen on the same CT myelogram. Although the current request for lumbar decompression at L4-S1 may be in error, it cannot be modified or partially certified as part of this review. Therefore, the request for lumbar decompression, laminectomy L4-5 and L5-S1 is not medically necessary.

#### **Removal of hardware: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Integrated Treatment/Disability Duration Guidelines, Low Back- Lumbar & Thoracic (acute & chronic)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Low Back Chapter.

**Decision rationale:** CA MTUS does not address this issue. ODG states that if a hardware injection can eliminate the pain by reducing the swelling and inflammation near the hardware, the surgeon may decide to remove the patient's hardware. In the present case, there is no

evidence of broken hardware, hardware impingement, or failed fusion on the available imaging studies. In addition, the principle surgical procedure was not certified. Therefore, the request for removal of hardware is not medically necessary.

**Fusion exploration:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Integrated Treatment/Disability Duration Guidelines, Low Back- Lumbar & Thoracic (acute & chronic)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Goldstein C, Drew B. When is a spine fused? *Injury*. 2011 Mar;42(3):306-13.

**Decision rationale:** CA MTUS and ODG do not address this issue. In the article by Goldstein C et al, they review common radiologic methods to investigate for spinal non-union, including CT scan, and state that "routine surgical exploration is impractical in the majority of patients." In the present case, the CT myelogram shows no evidence of failed fusion or pseudarthrosis. Therefore, the request for fusion exploration is not medically necessary.