

<b>Case Number:</b>	CM14-0149968		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	01/12/2006
<b>Decision Date:</b>	10/31/2014	<b>UR Denial Date:</b>	08/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2014

### 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 Texas. 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:

The injured worker is a 63-year-old male with a date of injury of 1/12/2006. The mechanism of injury was not documented. The 2/13/14 lumbar spine x-rays impression documented anterolisthesis of the L5 vertebral body with respect to S1 measuring up to one centimeter. There was severe disc space narrowing at L5/S1. The 5/12/14 lumbar spine magnetic resonance imaging scan impression documented posterior disc protrusions at L2/3, L3/4, L4/5 and L5/S1. There was spondylolisthesis of L5 on S1 measuring approximately 2.3 mm beyond the adjacent posterior vertebral body margins centrally. There was narrowing of the intervertebral space and bilateral pars defects at L5. There was effacement of the adjacent anterior thecal sac with narrowing of the recesses and neural foramina bilaterally. A prior imaging study in 2006 documented an 8 mm L5/S1 anterolisthesis. The 6/19/14 pain management report cited complaints of low back pain. Lumbar spine exam documented normal gait, tenderness and trigger points at L4 and L5, bilateral paraspinal spasms, and range of motion reduced 25%. Lower extremity sensory, motor and deep tendon reflex exams were documented as normal. The worker was reported stable on the present program, and medications were continued. The 7/29/14 neurosurgical report cited moderate to severe back pain radiating to the lower extremities, buttock, thigh, and calf, worse on the left. Pain was 50% back and 50% lower extremities. Conservative treatment had included lumbar injections and multiple sessions of physical therapy. Pain medications provided minimal relief. Lower extremity motor exam documented 4-/5 left dorsiflexion and plantar flexion weakness, absent left ankle reflex, and diminished light touch to the left lateral shin and anterior foot. Lumbar magnetic resonance imaging scan was reported significant for spondylolisthesis of L5/S1 with bilateral pars defect and significant foraminal narrowing at this level. The injured worker had severe foraminal stenosis at L5/S1 with radiculopathy in the L5 and S1 distribution bilaterally, worse on the left.

There were bilateral pars defects with significant facet arthropathy. He had neurological deficits and would benefit from bilateral facetectomy, discectomy, and decompression in light of spondylolisthesis with pars defect. Fusion was recommended. The 8/16/14 utilization review denied the request for lumbar fusion at L5/S1 based on failure to meet guideline criteria relative to recent physical therapy, evidence of instability, multilevel spinal pathology, and psychosocial screening.

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

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

#### **Transforaminal lumbar interbody fusion at L5 - S1: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back Chapter; Criteria for chronic low back problems

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 209-211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Lumbar & Thoracic, Fusion (spinal

**Decision rationale:** The American College of Occupational and Environmental Medicine guidelines recommend decompression surgery as an effective treatment for workers with symptomatic spinal stenosis (neurogenic claudication) that is intractable to conservative management. Lumbar fusion is not recommended as a treatment for spinal stenosis unless concomitant instability has been proven. The Official Disability Guidelines recommend criteria for lumbar discectomy and laminectomy 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. Spinal instability criteria includes lumbar inter-segmental movement of more than 4.5 mm. Fusion may be supported for surgically induced segmental instability but pre-operative guidelines recommend completion of all physical medicine and manual therapy interventions and psychosocial screen with all confounding issues addressed. Guideline criteria have not been met. Recent neurologic evaluations are inconsistent. Evidence of weeks of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. Psychosocial screening and segmental instability on motion films is not evidenced. Therefore, this request is not medically necessary.