

<b>Case Number:</b>	CM15-0113339		
<b>Date Assigned:</b>	06/19/2015	<b>Date of Injury:</b>	11/25/2010
<b>Decision Date:</b>	07/21/2015	<b>UR Denial Date:</b>	05/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/11/2015

### 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 59-year-old male who sustained an industrial injury on 11/25/10, relative to a trip and fall. Past medical history was positive for asthma and depression. Past surgical history was positive for bilateral knee arthroscopic surgeries. The 5/9/13 lumbar spine MRI impression documented diffuse spondylotic changes. At L4/5, there was moderate to severe bilateral neuroforaminal narrowing and moderate to severe canal stenosis secondary to a 4 mm posterior disc bulge and facet joint hypertrophy. At L5/S1, there was moderate to severe bilateral neuroforaminal narrowing and mild canal stenosis secondary to 3 mm posterior disc bulge and facet joint hypertrophy. Conservative treatment to date had included home exercise, physical therapy, chiropractic, pool therapy, activity modification, and medications. Records indicated that the injured worker was taking anti-depressant medications with psychiatric follow-up recommended in a 6/12/31 psychological evaluation. Neurologic signs/symptoms were unchanged in the progress reports from 11/15/13 to present. The 4/18/15 treating physician report cited low back and leg pain, and a diagnosis of L4/5 and L5/S1 lumbar spinal stenosis and bilateral radiculopathy with neurogenic claudication. He needed to use a walker and/or cane to ambulate due to increased pain and weakness. Physical exam documented +2 lumbar paraspinal muscle spasms and tenderness. Neurologic exam documented normal lower extremity reflexes, decreased right S1 sensation, and 4+/5 right peroneal and gastrocnemius weakness. Straight leg raise was positive on the right. Authorization was requested for posterior lumbar interbody fusion (PLIF) at L4/5 and L5/S1 and a follow-up orthopedic office visit. The 4/20/15 agreed medical examiner stated the injured worker was a candidate for multilevel lumbar

foraminotomies and would most probably need a fusion. The 5/16/15 treating physician report indicated that the injured worker was a surgical candidate for PLIF at L4/5 and L5/S1 to decompress and stabilize the spine because of the significant amount of decompression that needed to be done. A new MRI was requested as the last one was over 2 years old. He remained temporarily totally disabled. The 5/20/15 utilization review non-certified the request for PLIF and associated follow-up orthopedic office visit as there was no documentation of instability or discussion from the treating provide that adequate decompression would require complete facetectomies creating iatrogenic instability.

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

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

#### **Posterior Lumbar Interbody Fusion at L4-5 and L5-S1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**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 laminotomy, laminectomy, and discectomy 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 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 fully met. This injured worker presents with low back and leg pain with signs/symptoms consistent with radiculopathy and neurogenic claudication. Clinical exam findings are consistent with imaging evidence of severe lumbar stenosis and plausible nerve root compression. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. The treating physician has opined the need for wide decompression that will result in temporary intraoperative instability necessitating stabilization. However, records indicate that this injured worker has psychological issues requiring medication and there is no evidence of psychological clearance for surgery. Therefore, this request is not medically necessary at this time.

**Associated Surgical Service: Follow-Up Orthopedic Office Visit:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 Lumbar & Thoracic: Office visits.

**Decision rationale:** The California MTUS does not specifically address office follow-up visits. The Official Disability Guidelines recommend evaluation and management office visits as determined to be medically necessary. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. Guideline criteria have been met. Follow-up with the orthopedic surgeon to arrange for psychological clearance and review the updated MRI study is reasonable. Therefore, this request is medically necessary.