

<b>Case Number:</b>	CM15-0113408		
<b>Date Assigned:</b>	06/24/2015	<b>Date of Injury:</b>	06/17/2008
<b>Decision Date:</b>	07/23/2015	<b>UR Denial Date:</b>	06/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2015

### 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:

This injured worker is a 66-year-old female who sustained an industrial injury on 6/07/08, relative to a slip and fall. Past surgical history was positive for an anterior cervical discectomy and fusion from C4-7, and multiple lumbar spine surgeries resulting in an L3-S1 fusion as of 1/18/13. Past medical history was positive for benign brain tumor, hypertension and a diagnosis of reflex sympathetic dystrophy of the lower extremity. The 2/19/15 lumbar spine CT scan impression documented the injured worker was status post L3/4 posterior lumbar interbody fusion with additional intervertebral disc spacers at L4/5 and L5/S1, and status post L3-5 laminectomy. There was adjacent disease with moderate to severe narrowing of the central canal at L2/3 secondary to degenerative disc disease with superimposed facet/ligamentum hypertrophy and suspected mild to moderate bilateral neuroforaminal narrowing. The 3/10/15 treating physician report indicated the injured worker was seen for a diagnosis of reflex sympathetic dystrophy with chronic grade 5/10 right foot pain and joint stiffness. Pain interfered with sleep, and she was intolerant of heat or cold. She reported that she had been in the hospital for 5 days due to lower back pain that had not resolved with medication, physical therapy, or trigger point injection, and had been diagnosed with a thoracic disc bulge. Current medications included ibuprofen, Neurontin, Norco, ondansetron, and promethazine. The diagnosis was reflex sympathetic dystrophy lower limb. The treatment plan prescribed medications. The 4/25/15 emergency room records indicated the injured worker presented for evaluation of chronic lower back pain that had not been relieved with pain medications at home. Physical exam documented acute on chronic back pain with no evidence of cauda equina syndrome. The diagnosis was

lumbosacral strain with no evidence of mechanical back pain, disc herniation or radiculopathy. She improved with IV hydromorphone, Valium, and Phenergan, and was discharged home. On 6/4/15, authorization was requested for laminectomy discectomy L2/3 and extension of construct L2-4 with pedicle screws. The 6/11/15 utilization review non-certified the request for laminectomy discectomy L2/3 and extension of construct L2-4 with pedicle screws as guidelines did not support lumbar fusions for low back pain without sciatica. Additionally, there was no evidence of a psychosocial screen or spinal instability.

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

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

**Laminectomy discectomy L2/3 and extension of construct L2-4 with pedicle screws: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

**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 surgery 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 injured worker presents with chronic low back pain and history of right lower extremity reflex sympathetic dystrophy. Evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. However, there are no current clinical exam findings that evidence radiculopathy and correlate with imaging evidence of plausible nerve root compression at L2/3. There is no radiographic evidence of spinal segmental instability or discussion of the need for wide decompression to support the medical necessity of fusion. Additionally, there is no evidence of a psychosocial screen. Therefore, this request is not medically necessary at this time.