

<b>Case Number:</b>	CM15-0124369		
<b>Date Assigned:</b>	07/15/2015	<b>Date of Injury:</b>	02/10/1994
<b>Decision Date:</b>	08/11/2015	<b>UR Denial Date:</b>	06/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/29/2015

### 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 57-year-old male who sustained an industrial injury on 2/10/94. Injury occurred when he lost consciousness, and fell onto a concrete floor. He underwent anterior decompression and fusion with posterior stabilization and fusion at L2/3 and L3/4 on 2/13/94, followed by hardware removal on 6/28/95. Records documented a seizure disorder treated with a left temporal lobe resection and repeat left temporal lobectomy in March 2012. The 4/7/15 neurosurgical consult report documented low back pain radiating to both legs to the toes, left greater than right, with numbness and weakness. He could walk a block then had to sit down due to back pain and his legs felt like they were in a warm pool of water. Physical exam documented muscle testing as knee extension 5/4+, tibialis anterior 4+/4+, and extensor hallucis longus 4/4+. The assessment was claudication from the spondylolisthesis and foraminal stenosis at L5/S1. Updated x-rays and MRI was requested. The 4/20/15 lumbar spine MRI impression documented no significant disc herniation at L4/5 with patent spinal canal and neural foramen. There was a synovial cyst emanating from the right facet joint measuring 5 mm and appeared to impinge the transiting right L5 nerve root. At L5/S1, there was severe disc height loss with uncovering of a 4 mm diffuse disc bulge. The central spinal canal was patent. There was moderate to severe bilateral neuroforaminal stenosis. There was a 9 mm anterolisthesis of L5 on S1. Findings documented no significant disc herniation at L3/4 with patent spinal canal and neural foramen. There were postsurgical changes consistent with corpectomy at L3 with strut graft spanning from L2/3 through L3/4 with left-sided anterolateral fixation screws at L2 and L4. There were postsurgical changes consistent with posterior lateral fusion at L2/3 through L4/5 with partial laminectomies at L2-L5. The 5/28/15 lumbar spine flexion and extension x-rays documented solid fusion across the dural space, and grade 2 anterolisthesis of L5 on S1 measuring 15 mm in neutral, decreasing to 12 mm with extension, and increasing to 18 mm with flexion. The 5/28/15 neurosurgical report cited persistent symptoms that impaired walking. The updated x-rays and

imaging confirmed grade II spondylolisthesis of L5 on S1. Discussion of conservative treatment measures versus surgical decompression and fusion was documented. Authorization was requested for lumbar decompression and fusion with allograft and instrumentation at L3-S1, and inpatient hospital stay for 2 days. The 6/9/15 utilization review non-certified the request for lumbar decompression and fusion with allograft and instrumentation at L3-S1 and associated 2-day inpatient stay as there was lack of an adequate exam in the submitted records, no evidence of recent conservative treatment, and no documentation that the revision surgery would result in significant functional gains.

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

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

**Lumbar decompression and fusion with allograft and instrumentation at L3-S1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306.

**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 ½ 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 (ODG) recommends 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 is recommended for objectively demonstrable segmental instability, such as excessive motion with degenerative spondylolisthesis. The ODG recommend revision surgery for failed previous operations if significant functional gains are anticipated. 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 persistent low back neuropathic pain radiating into both lower extremities to the toes. Signs and symptoms are consistent with neurogenic claudication. Clinical exam findings are consistent with imaging evidence of plausible nerve root compression at the L4/5 and L5/S1 with prior fusion noted at L2/3 and L3/4. There is evidence of grade 11 spondylolisthesis at the L5/S1 level with motion documented on flexion/extension x-rays. However, detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. There is no evidence of psychosocial screen. Therefore, this request is not medically necessary at this time.

**Associated surgical service: Inpatient hospital stay x 2 days:** Upheld

**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 ½ Lumbar & Thoracic: Hospital length of stay (LOS).

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.