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| <b>Case Number:</b>   | CM15-0129204 |                              |            |
| <b>Date Assigned:</b> | 07/15/2015   | <b>Date of Injury:</b>       | 02/19/2013 |
| <b>Decision Date:</b> | 08/21/2015   | <b>UR Denial Date:</b>       | 06/08/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/03/2015 |

### 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 48-year-old male who sustained an industrial injury on 2/19/13, relative to continuous trauma while employed as a meat trimmer. Past medical history was positive for hypertension. Smoking history was positive for smoking. Past surgical history was positive for left knee meniscectomy and chondroplasty on 12/20/13. The 11/25/13 lumbar spine MRI impression documented grade 1-2 anterolisthesis of L5 on S1 with bilateral pars defects. At L5/S1, there was moderate disc height loss with 2-3 mm disc osteophyte complex and moderate to severe bilateral neuroforaminal stenosis. At L4/5, there was a 1-2 mm diffuse disc bulge with patent spinal canal and neural foramina. The injured worker underwent bilateral knee arthroscopy on 3/18/15, including right knee synovectomy, removal of medial synovial plica, and medial meniscectomy, and left knee excision of prepatellar bursa and removal of loose body. The 5/15/15 treating physician report cited grade 7/10 low back pain radiating into the left greater than right lower extremity. He also reported grade 6/10 thoracic and grade 2/10 cervical spine pain. Physical exam documented moderately antalgic gait due to right knee pain, and use of a walking cane. Lumbar spine exam documented paralumbar muscle tenderness with mild muscle spasms, and moderate loss of active range of motion. Straight leg raise was positive on the left at 70 degrees and right at 80 degrees. The diagnosis included left greater than right lumbar strain with lumbar radiculopathy, and grade 1-2 anterolisthesis at L5/S1. The treatment plan included Naproxen 550 mg twice a day, Norco 7.5/325 mg as needed, and Omeprazole 20 mg once daily. Authorization was requested for L4-S1 lumbar fusion per neurosurgeon report dated 8/28/14; and Omeprazole 20mg, one daily. The 6/8/15 utilization review non-certified the request for L4-S1 lumbar fusion as there was no evidence of physical therapy or injection, limited evidence on the neurologic exam, and no evidence of pathology at L4/5. The request for Omeprazole 20 mg, quantity non-specified, was modified to Omeprazole 20 mg #60 consistent with guideline for twice-daily use.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **L4-S1 Fusion:** 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 1½ Lumbar & Thoracic, Discectomy/Laminectomy, Fusion (spinal).

**Decision rationale:** The California MTUS recommend surgical consideration when there is severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise. Guidelines require clear clinical, imaging and electrophysiologic evidence of a lesion that has been shown to benefit in both the short term and long term from surgical repair. The California MTUS guidelines indicate that lumbar spinal fusion may be considered for patient with increased spinal instability after surgical decompression at the level of degenerative spondylolisthesis. The guidelines recommend that clinicians consider referral for psychological screening to improve surgical outcomes. The Official Disability Guidelines (ODG) recommend lumbar spinal fusion as an option for patients with ongoing symptoms, corroborating physical findings and imaging, and after failure of non-operative treatment (unless contraindicated e.g. acute traumatic unstable fracture, dislocation, spinal cord injury) for spondylolisthesis (isthmic or degenerative) with at least one of the following: instability, and/or symptomatic radiculopathy, and/or symptomatic spinal stenosis. The ODG do not recommend lumbar fusion for patients with degenerative disc disease, disc herniation, spinal stenosis without degenerative spondylolisthesis or instability, or non-specific low back pain. Pre-operative clinical surgical indications include all of the following: (1) All physical medicine and manual therapy interventions are completed with documentation of reasonable patient participation with rehabilitation efforts including skilled therapy visits, and performance of home exercise program during and after formal therapy. Physical medicine and manual therapy interventions should include cognitive behavioral advice (e.g. ordinary activities are not harmful to the back, patients should remain active, etc.); (2) X-rays demonstrating spinal instability and/or myelogram, CT-myelogram, or MRI demonstrating nerve root impingement correlated with symptoms and exam findings; (3) Spine fusion to be performed at one or two levels; (4) Psychosocial screen with confounding issues addressed; the evaluating mental health professional should document the presence and/or absence of identified psychological barriers that are known to preclude post-operative recovery; (5) For any potential fusion surgery, it is recommended that the injured worker refrain from smoking for at least six weeks prior to surgery and during the period of fusion healing; (6) There should be documentation that the surgeon has discussed potential alternatives, benefits and risks of fusion with the patient. Guideline criteria have not been met. This injured worker presents with low back pain radiating to the left greater than right leg. There is imaging evidence of grade 1-2 spondylolisthesis at L5/S1 with pars defects and moderate to severe stenosis. However, there is no current evidence of a focal neurologic deficit or spinal segmental instability at either the L4/5 or L5/S1 level. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial for the low back and failure has not been submitted. Records indicate that this injured worker is a smoker with no evidence of smoking cessation consistent with guidelines. Additionally, there is no evidence of a psychosocial screen. Therefore, this request is not medically necessary.

**Omeprazole 20mg, quantity unspecified:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

**Decision rationale:** The California MTUS guidelines recommend the use of proton pump inhibitors (PPIs), such as Omeprazole, for patients at risk for gastrointestinal events. Risk factors include age greater than 65 years, history of peptic ulcer, gastrointestinal bleeding or perforation, concurrent use of ASA, corticosteroids, and/or an anticoagulant, or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). PPIs are reported highly effective for their approved indications, including preventing gastric ulcers induced by NSAIDs. MTUS guidelines recommend the use of PPIs for the treatment of dyspepsia secondary to NSAID therapy. Records document the ongoing of Naproxen 550 mg twice a day and Omeprazole 20 mg once a day. The 6/8/15 utilization review modified this non-specific request to Omeprazole 20 mg #60. There is no compelling rationale to support the medical necessity of additional medication certification at this time. Therefore, this request is not medically necessary.