

<b>Case Number:</b>	CM15-0172189		
<b>Date Assigned:</b>	09/11/2015	<b>Date of Injury:</b>	03/01/2014
<b>Decision Date:</b>	10/14/2015	<b>UR Denial Date:</b>	08/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/01/2015

### 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 40-year-old male who sustained an industrial injury on 3/1/14. Injury occurred while he was moving pallets from a dock into the store on a cart, and felt a pop in his low back when he bent down to unload them. Past medical history was positive for gastritis and situational depression. The 10/8/14 lumbar spine X-ray impression documented a grade 1 posterolisthesis of L5 on S1, levoconvex scoliosis involving the lumbar spine, and straightening of the lumbar lordosis. The 11/12/14 lumbar spine MRI impression documented disc desiccation from L2/3 down to L5/S1 with associated loss of disc height at L5/S1. There were Modic type II end plate degenerative changes at the superior endplate of S1. There was straightening of the lumbar lordotic curvature. At L2/3, there was a broad-based disc herniation causing spinal canal stenosis with right lateral recess stenosis and contact of the right L3 transiting nerve root. At L3/4, there was a diffuse disc herniation causing spinal canal stenosis with right lateral recess stenosis contacting the right L4 transiting nerve root, and bilateral neuroforaminal narrowing contacting the right L3 exiting nerve root. At L4/5, there was diffuse disc herniation with facet joint and ligamentum flavum hypertrophy causing spinal canal stenosis. There was associated bilateral lateral recess stenosis with deviation of the right L5 transiting nerve root. At L5/S1, there was a broad based disc herniation causing spinal canal stenosis and associated bilateral lateral recess stenosis with deviation of the bilateral S1 transiting nerve roots. The 11/19/14 electrodiagnostic study documented evidence for L5 and S1 radicular process on the left compared to the right, and significant lumbar paraspinal muscle spasms and/or lumbar nerve root irritation/traction injury. Conservative treatment included physical therapy, medications,

and activity modification. The 7/7/15 treating physician report cited grade 10/10 low back pain radiating to both legs with minimal improvement despite anti-inflammatories and physical therapy. Review of systems documented complaints of depression. Physical exam documented paraspinal tenderness to palpation, normal range of motion, normal lower extremity strength and deep tendon reflexes, and negative straight leg raise. There was diminished bilateral L5 dermatomal sensation. The diagnosis was lumbar radiculitis. MRI was recommended. The 7/21/15 treating physician report documented subjective complaints and physical exam findings unchanged from 7/7/15. Imaging showed an L5/S1 disc herniation. The injured worker had failed conservative treatment for more than one year and was a candidate for surgical intervention since he had diminished sensation concordant with MRI findings. Authorization was requested for L5/S1 decompression and fusion, pre-operative medical clearance, and post-operative physical therapy twice a week for eight weeks. The 8/5/15 utilization review non-certified the L5/S1 decompression and fusion and associated requests as there was no evidence of current instability, psychosocial screening, severe disability lower leg symptoms, or exhaustion of conservative treatment. The 8/11/15 treating physician appeal cited no improvement in symptoms. Physical exam findings were unchanged. The diagnosis was lumbar radiculopathy. The treating physician stated that there was no current instability. He indicated that it was highly likely that he would need to remove more than 50% of the facets for decompression, resulting in temporary intraoperative instability and necessitating fusion. Appeal for L5/S1 decompression with possible fusion was requested.

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

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

#### **L5-S1 decompression and fusion: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, 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 both in the short term and long term from surgical repair. The guidelines recommend that clinicians consider referral for psychological screening to improve surgical outcomes. The Official Disability Guidelines recommend criteria for lumbar discectomy 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. The Official Disability Guidelines 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. Fusion may be supported for segmental instability (objectively demonstrable) including excessive motion, as in isthmic or degenerative spondylolisthesis, surgically induced segmental instability and mechanical intervertebral collapse of the motion segment and advanced degenerative changes after surgical discectomy. Pre-operative clinical surgical indications require completion of all physical therapy and manual therapy interventions, X-rays demonstrating spinal instability and/or imaging demonstrating nerve root impingement correlated with symptoms and exam findings, spine fusion to be performed at 1 or 2 levels, psychosocial screening with confounding issues addressed, and smoking cessation for at least 6 weeks prior to surgery and during the period of fusion healing. Guideline criteria have not been met. This injured worker presents with severe function-limiting low back pain radiating into both legs. Clinical exam findings are consistent with imaging and electrodiagnostic evidence of nerve root compromise. Evidence of long-term reasonable and/or comprehensive non-operative treatment and failure has been submitted. There is no radiographic evidence of spondylolisthesis or spinal segmental instability on flexion and extension X-rays. The treating physician has opined the possible need for wide decompression that would result in temporary intraoperative instability and necessitate fusion. Psychological issues are documented in the medical records with prior treatment evidenced. There is no evidence of a psychological clearance for surgery. Therefore, this request is not medically necessary at this time.

**Preoperative medical clearance:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Preoperative testing, general.

**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, Discectomy/Laminectomy, Fusion (spinal).

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

**Postoperative physical therapy twice a week for eight weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment 2009, Section(s): Low Back.

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