

Case Number:	CM15-0028472		
Date Assigned:	02/20/2015	Date of Injury:	03/13/2013
Decision Date:	05/27/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	02/17/2015

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 45-year-old male who sustained an industrial injury on 3/13/13. Injury occurred while he was loading a large trial onto a trailer with onset of immediate left low back pain radiating into the left leg. Social history was positive for current every day smoking. Past medical history was positive for asthma. Past surgical history was non-contributory. Conservative treatment had included oral medications, home exercise program, work modification, epidural injection, sacroiliac joint injection, and medial branch blocks. The 2/13/14 lumbar spine MRI impression documented mild neuroforaminal stenosis at L4/5, degenerative disc disease at L5/S1 with mild bilateral axillary recess stenosis, mild facet degenerative changes at L4/5 and L5/S1, and congenital narrowing of the spinal canal. The 12/1/14 three-level lumbar discogram demonstrated normal appearing discs at L3/4 and L4/5 with no pain, and 10/10 concordant pain at L5/S1 with posterior flow and a disc tear. The lumbar spine CT scan post discogram impression documented findings compatible with an L5/S1 focal disc herniation. The 12/19/14 treating physician report cited grade 8/10 lumbar spine pain radiating down the left leg. He underwent left L4 and then S1 epidural injection, left sacroiliac joint injection, and left L3-L5 medial branch block without relief. He has had increased pain since the CT scan and was taking more medication. He was having difficulty continuing to work as a welder. Physical exam documented ambulated with a limp and normal lumbar lordosis. There was pain to palpation over the bilateral sacroiliac joints and right buttock, mild paraspinal muscle spasms, and mildly limited lumbar range of motion due to pain. Neurologic exam documented normal muscle strength, normal patellar reflexes, absent Achilles reflexes, positive Gaenslen's, normal heel/toe

walk, positive bilateral piriformis maneuvers, and positive right straight leg raise. The 1/13/14 lumbar MRI showed mild axillary recess stenosis at L5/S1 with desiccated degenerative disc and perhaps some impingement upon the S1 nerve roots, and facet arthrosis. The diagnosis was lumbar disc degeneration, herniated nucleus pulposus without myelopathy, and radiculitis. The treating physician opined that a discectomy would not offer him predictable relief of his pain. He had failed conservative treatment time and the discogram had caused severe increase in pain which was making work difficulty and required more pain medication. The treatment plan recommended L5-S1 anterior lumbar fusion with instrumentation. The 2/2/15 utilization review non-certified the request for L5/S1 anterior lumbar fusion with instrumentation, 2-day inpatient stay and assistant surgery was there was no evidence of instability, spondylolisthesis or overt anatomic impingement at L5/S1, and discogram is not supported as a pre-operative indication.

IMR ISSUES, DECISIONS AND RATIONALES

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

L5-S1 anterior lumbar fusion with instrumentation: 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, Fusion (spinal).

Decision rationale: The California MTUS guidelines state there was no good evidence that spinal fusion alone was effective for treating any type of acute low back problem, in the absence of spinal fracture, dislocation, or spondylolisthesis if there was instability and motion in the segment operated on. The Official Disability Guidelines (ODG) state that spinal fusion is not recommended for patients who have less than six months of failed recommended conservative care unless there is objectively demonstrated severe structural instability and/or acute or progressive neurologic dysfunction. Guidelines state that spinal fusion is recommended as an option for spinal fracture, dislocation, spondylolisthesis or frank neurogenic compromise, subject to the selection criteria. Fusion is recommended for objectively demonstrable segmental instability, such as excessive motion with degenerative spondylolisthesis. 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. For any potential fusion surgery, it is recommended that the patient refrain from smoking 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 low back and left lower extremity radiculopathy pain that has failed to resolve despite reasonable and comprehensive conservative treatment over at least 6 months. Clinical exam findings are consistent with reported imaging evidence of plausible S1 nerve root impingement. However, there is no radiographic or imaging evidence of spondylolisthesis or spinal segmental instability to support the medical necessity of fusion. There is no evidence of a psychosocial screening. Additionally, records indicate that this injured worker is a current every

day smoker with no documentation of cessation or discussion of same. Therefore, this request is not medically necessary.

Associated Surgical Service: 2 Day In-Patient Stay: 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 $\dot{I}_6^{1/2}$ 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.

Associated Surgical Service: Assistant surgeon: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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