

<b>Case Number:</b>	CM15-0061508		
<b>Date Assigned:</b>	04/07/2015	<b>Date of Injury:</b>	06/07/2013
<b>Decision Date:</b>	05/19/2015	<b>UR Denial Date:</b>	03/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2015

### 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:

The injured worker is a 29-year-old male who sustained an industrial injury on 6/07/13, relative to repetitive bending, lifting, and twisting. Conservative treatment had included activity modification, physical therapy, chiropractic treatment, acupuncture, facet joint injections, epidural steroid injection, and medications without sustained relief. The 8/30/13 lumbar spine MRI impression documented lumbar spondylosis L4/5 and L5/S1 disc. At L5/S1, there was a 5 mm posterior disc protrusion extending laterally into the left L5/S1 neural foramen causing severe narrowing. At L4/5, there was marked narrowing of the disc space with a 2.5 mm posterior disc osteophyte complex and mild left neuroforaminal narrowing. The 9/29/14 lumbar x-rays documented significant narrowing at L4/5 with facet arthropathy at that level. The 3/5/15 spine surgery report cited constant low back pain and occasional bilateral hip pain. Pain was rated as 6-7/10 constantly, and increased on 8-9/10 on occasion. He denied pain, numbness or weakness to the lower extremities. Physical exam documented 3/4 abnormally brisk reflexes with spreading in the lower extremities, and severe guarding in the left hip flexors. Motor strength was full and symmetric in the upper extremities, but impaired by severe guarding in the lower extremities. Sensation was intact. Upper extremity deep tendon reflexes were physiologic and symmetrical. The injured worker walked with normal station and gait. X-rays were taken and showed the posterior rim of L4/5 impinging more deeply on L5/S1 in extension with reported increase in pain, and 3-4 mm of retrolisthesis of L5 on S1 in extension. The injured worker had not responded to an extensive course of non-operative measures. Pain was concordantly increased with back extension. Although there was a paucity of radicular symptoms, there was

instability at L4/5 and L5/S1 that would support fusion. Authorization was requested for L4-5, L5-S1 interbody grafting and internal fixation with inpatient hospital stay for 23 hours. The 3/20/15 utilization review non-certified the request for L4-5, L5-S1 interbody grafting and internal fixation as there was no radiology report documenting spinal instability and there was a report of abnormal brisk reflexes in the legs with normal upper extremity reflexes suggestive of thoracic spinal cord problems that have not been ruled-out.

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

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

#### **Inpatient Hospital Stay (23-hours): 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 & Thoracic: Hospital length of stay (LOS).

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

#### **Lumbar L4-L5, L5-S1 Interbody Grafting Internal Fixation: 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 & Thoracic, Fusion (spinal).

**Decision rationale:** The California MTUS guidelines state there was no good evidence that spinal fusion alone is 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 for objectively demonstrable segmental instability, such as excessive motion with degenerative spondylolisthesis. Spinal instability criteria includes lumbar inter-segmental movement of more than 4.5 mm. 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 severe low back pain that has failed to resolve despite comprehensive non-operative treatment over 18 months. There are no radicular symptoms. The neurologic exam is unremarkable but for

abnormally brisk lower extremity reflexes. Imaging documented an L5/S1 disc protrusion with severe left neuroforaminal narrowing and L4/5 marked disc space narrowing. X-rays reportedly showed 3-4 mm of retrolisthesis at L5/S1 in extension and some non-defined movement at L4/5 in extension. There is no radiology report available with evidence of spinal segmental instability that exceeds 4.5 mm in flexion/extension. There is no evidence of a psychosocial screen with confounding issues addressed. Therefore, this request is not medically necessary at this time.