

<b>Case Number:</b>	CM15-0061638		
<b>Date Assigned:</b>	04/07/2015	<b>Date of Injury:</b>	11/21/2011
<b>Decision Date:</b>	05/18/2015	<b>UR Denial Date:</b>	03/02/2015
<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 50-year-old female who sustained an industrial injury on 11/21/11, relative to continuous trauma. Records indicate that the injured worker has been diagnosed with adjustment disorder with mixed anxiety and depressed mood, chronic. Psychological and psychiatrist care was noted, and recommended as ongoing. The 2/29/12 lumbar spine MRI impression documented grade 1 spondylolisthesis of L4 on L5 that was 2.7 mm in flexion and extension. Combined with a mild disc protrusion and facet and ligamentum flavum hypertrophy, there was spinal canal narrowing and bilateral neuroforaminal narrowing. There was a posterior annular tear/fissure. At L5/S1, there was a broad-based disc protrusion that abutted the thecal sac and produced bilateral neuroforaminal narrowing, posterior annular tear/fissure. The 1/8/15 treating physician report documented x-ray findings with grade 1 spondylolisthesis at L4/5, with 5 mm of listhesis. The 2/5/15 treating physician report cited review of the 2/29/12 lumbar MRI with desiccation and an annular tear at the L5/S1 level with a large anterior disc bulge and disc collapse. An anterolisthesis of L4 on L5 was noted measuring 2-3 mm. There was posterior element hypertrophy at multiple levels. At L4/5, there was bilateral foraminal stenosis and mild central stenosis. At L5/S1, there was mild to moderate left and mild right foraminal stenosis with no significant central improvement. The injured worker presented with severe back pain radiating into both lower extremities with pain, paresthesia, numbness, and muscle weakness. She was unable to perform home exercise program or activities of daily living. She was status post extensive conservative management including medical and physical therapy and repeated epidural steroid injections. She reported neurogenic claudication in the lower extremities. Physical exam documented lumbar paravertebral muscle spasms, tenderness, and guarding with loss of range of motion. There was decreased sensation noted in the bilateral L5 and S1

dermatomes with pain. She had an extremely antalgic gait. Imaging showed anterolisthesis of L4 on L5 together with disc collapse at L5/S1. Fusion at L4/5 would introduce non-anatomical stress to the L5/S1 which would cause further failure and continued symptoms and might worsen the S1 dermatomal dysfunction. Therefore, fusion was indicated at both levels. Authorization was requested for transforaminal lumbar interbody fusion at L4/5 and L5/S1. The 3/2/15 utilization review non-certified the request for transforaminal lumbar interbody fusion, instrumentation and bone grafting L4/5 and L5/S1, as the 3-year old imaging did not establish pathology that would warrant fusion or surgical intervention at the L5/S1.

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

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

#### **Transforaminal lumbar interbody fusion, instrumentation and bone grafting of L4-L5 and L5-S1: 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 indicate that lumbar spinal fusion may be considered for patients with increased spinal instability after surgical decompression at the level of degenerative spondylolisthesis. 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. Fusion may be supported for surgically induced segmental instability. 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 radiating into both lower extremity. Clinical exam documented decreased sensation and pain in a bilateral L5 and S1 dermatomal pattern. There was no documentation of motor or reflex changes. Imaging from 2012 documented mild anterolisthesis of L4 on L5 and disc collapse at L5/S1. There was no radiographic evidence of spinal segmental instability on flexion/extension films. Evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. However, there is no evidence of psychological clearance for surgery. Therefore, this request is not medically necessary at this time.