

<b>Case Number:</b>	CM15-0066430		
<b>Date Assigned:</b>	04/14/2015	<b>Date of Injury:</b>	09/06/2012
<b>Decision Date:</b>	05/19/2015	<b>UR Denial Date:</b>	03/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2015

### 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 46-year-old male who sustained an industrial injury on 9/06/12. Injury occurred while lifting and carrying heavy materials in his job as a general laborer. The 11/26/14 lumbar spine MRI impression documented bilateral pars interarticularis defects of the L5 vertebra. There was grade I anterolisthesis of L5 on S1 which resulted in moderate narrowing of the neural foramina bilaterally with abutment of the exiting right and left L5 nerve roots. At L4/5, there was a 2 mm midline and right paracentral disc protrusion resulting in mild effacement of the anterior thecal sac with no neural abutment. The 1/8/15 electro diagnostic study documented a normal nerve conduction study and an abnormal EMG with findings suggestive of bilateral chronic active L5 radiculopathy, left greater than right. The 1/28/15 lumbar spine x-rays impression documented grade II anterolisthesis of L5 on S1 and levoconvex thoracolumbar scoliosis. There was decreased lumbar range of motion on flexion and extension, which possibly reflected an element of myospasms. There was decreased disc height at L5/S1. The 2/13/15 orthopaedic surgeon report indicated that the injured worker had been seen multiple times and was diagnosed with adult lytic and unstable spondylolisthesis associated with lumbar spinal stenosis at L5/S1. Authorization had been obtained for appropriate operative intervention in August 2014 but the injured worker elected to forego surgery at that time due to several reasons, including difficulty with childcare. The injured worker was on modified duty and had numbness and a sense of weakness in the L5 dermatome. He was managing his low back pain with anti-inflammatory medication. Physical exam documented lumbar range of motion 50% of normal. Forward flexion was painful and he returned to upright with a catch. He had tenderness

and a mild step-off along the lumbosacral junction. He had numbness in the lateral aspect of the calf at the first dorsal space. There was 4/5 ankle dorsiflexion and great toe extension weakness bilaterally. Imaging showed a bilateral L5 pars deficit with grade 1 anterolisthesis of L5 on S1 with advanced degenerative disc disease and severe neuroforaminal stenosis bilaterally, and EMG confirmed bilateral L5 radiculopathy. Authorization was requested for L5/S1 fusion, and L4/5 fusion. The orthopaedic surgeon felt it was best to involve the L4/5 adjacent diseased segment when a definitive procedure was being performed and the rest of the spine appeared normal. The 3/27/15 utilization review non-certified the request for lumbar spinal fusion at L4/5 and L5/S1 as there was no evidence of conservative treatment in the form of therapy.

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

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

#### **Lumbar spinal fusion L5-S1, L4-5: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (20th annual edition) & ODG Treatment in Workers' Compensation (13th annual edition), 2015, Low Back Chapter - Fusion.

**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. Guideline criteria have not been met. This injured worker presents with low back pain and radicular pain down the legs and weakness. Clinical exam findings are consistent with imaging and electrophysiology evidence of bilateral L5 radiculopathy. There is documentation of a grade I to II anterolisthesis of L5 on S1 with no documentation of instability documented on flexion/extension x-rays. Authorization for extension of the surgical procedure to the L4/5 level has been recommended but there is no evidence of spinal instability at this level. There is no detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure. Additionally, there is no documentation of a psychosocial screening and clearance for surgery. Therefore, this request is not medically necessary at this time.

