

<b>Case Number:</b>	CM15-0068977		
<b>Date Assigned:</b>	04/16/2015	<b>Date of Injury:</b>	04/11/2008
<b>Decision Date:</b>	05/20/2015	<b>UR Denial Date:</b>	03/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/11/2015

### 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 51-year-old male who sustained an industrial injury on 4/11/08. Injury occurred relative to lifting and carrying heavy materials. He underwent L5/S1 posterior lumbar interbody fusion, L5/S1 posterolateral fusion, L5 Gill laminectomy, instrumentation with pedicle screws and PEEK cage with allograft and focal bone graft supplementation on 2/25/14. Records indicated that the injured worker had persistent low back pain and was using a bone growth stimulator. The 2/23/15 lumbar spine CT scan impression documented bilateral L5 pars interarticularis defects associated with high-grade 1-2 anterolisthesis at 5. There was lumbar interbody fusion and posterolateral fusion at L5/S1 and posterior instrumentation and L5 laminectomy. The interbody spacer was posteriorly positioned, along the posterior margin of the S1 endplate and extended beyond the posterior margin of the L5 endplate, minimally projecting into the spinal canal. There was incomplete bony bridging of the posterolateral fusion bilaterally. There was incomplete bony bridging/incomplete incorporation of the interbody graft. There was significant anterolisthesis due to bilateral pars defects with uncovering of a posterior disc osteophyte complex resulting in moderate right and mild to moderate left neuroforaminal stenosis. The 3/12/15 treating physician report cited persistent low back pain radiating into the buttock. There was no radiation of pain or paresthesias to the lower extremities. Physical exam documented guarded lumbar range of motion with tenderness to palpation. There was no sciatic list or foot drop. X-rays with flexion/extension views noted that the interbody cage at L5/S1 was displaced into the canal about 1/3 the length of the cage with intact left L5/S1 screws. The 2/23/15 CT scan demonstrated no bridging bone. The diagnosis was status post L5/S1 posterior

lumbar interbody fusion for an isthmic spondylolisthesis with symptomatic pseudoarthrosis. Authorization was requested for L5-S1 anterior lumbar interbody fusion after removal of the interbody cage. The 3/24/15 utilization review non-certified the request for L5-S1 anterior lumbar interbody fusion after removal of the interbody cage as there was no clarification regarding the cause of the non-union, smoking status, and whether the injured worker was using the bone growth stimulator appropriately.

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

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

**L5-S1 anterior lumbar interbody fusion after removal of the interbody cage:** Overturned

**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, Lumbar Spine, Fusion; ACOEM 3rd edition 2011, page 702 vol. 2.

**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 ½ Lumbar & Thoracic: Fusion (spinal).

**Decision rationale:** The California MTUS guidelines do not provide recommendations for this procedure. The Official Disability Guidelines recommend revision surgery for failed previous operation(s) if significant functional gains are anticipated. Revision surgery for purposes of pain relief must be approached with extreme caution due to the less than 50% success rate reported in medical literature. Pre-operative clinical surgical indications include all pain generators identified and treated, all physical therapy and manual therapy interventions completed, x-rays demonstrating spinal instability and /or imaging evidence of disc pathology correlated with symptoms and exam findings, spine pathology limited to 2 levels, and psychosocial screening with confounding issues addressed. For any potential fusion surgery, Guideline criteria have been met. This patient presents with persistent function-limiting low back pain status post L5/S1 posterior lumbar interbody fusion. There is imaging evidence of pseudoarthrosis at the fusion site and migration of the PEEK cage. Evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. Therefore, this request is medically necessary.