

<b>Case Number:</b>	CM15-0071200		
<b>Date Assigned:</b>	04/21/2015	<b>Date of Injury:</b>	03/30/2000
<b>Decision Date:</b>	06/04/2015	<b>UR Denial Date:</b>	03/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2015

### 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 51-year-old male who sustained an industrial injury on 3/30/00. Injury occurred when a brick wall fell on him while employed as a construction worker. Past surgical history was positive for L5/S1 fusion on 7/17/33, and right sided hardware removal and re-exploration of the right L5 and S1 nerve roots on 12/6/04. The 7/15/14 lumbar spine x-ray conclusion documented the injured worker was status post L5/S1 posterior lumbar interbody fusion with L5 laminectomy. There was no significant compression deformity, scoliosis or loss of disc height in the remaining lumbar levels. Records indicated that a 7/25/14 lumbar MRI revealed multilevel degenerative changes in the lumbar spine with no findings suggestive of nerve root compromise. The 10/6/14 bilateral lower extremity EMG/NCV was reported normal and documented no evidence of neuropathy or radiculopathy. The 11/12/14 neurosurgical report cited left low back pain radiating into his left lower extremity and foot, associated with numbness and tingling. He had urinary incontinence at times. He reported progressive left lower extremity pain and had dramatically increased in the last several months. The neurologic exam documented 5/5 bilateral lower extremity strength, 2+ and symmetrical lower extremity deep tendon reflexes, and intact sensation. Gait was normal and heel, toe, and tandem walk were without difficulty. EMG was normal. The injured worker had intensifying left lower extremity pain. He did not have weakness on exam or evidence of nerve root injury on EMG. The neurosurgeon opined that his hardware was causing nerve root irritation. He previously had a similar complaint in the right lower extremity that improved following removal of the right L5/S1 hardware. There was a solid arthrodesis and this hardware was no longer a structural

support. The treatment plan recommended dynamic lumbar x-rays with lateral flexion/extension views, and left redo foraminotomy and removal of left pedicle screw and instrumentation. The 3/4/15 neurosurgical report indicated that his left lower extremity pain had further intensified. Pain was refractory to pain management and resulted in three emergency room visits with transient improvement with parenteral narcotic therapy. He reported that each severe episode started with a catching feeling in his back that stopped him from moving for several minutes, followed by more intense pain in the left buttock, posterior thigh, leg, and dorsum of the foot. He had experienced similar symptoms on the right side of the back and right lower extremity in 2004 and had a good response to right sided hardware removal at that time. The neurosurgeon opined that the injured worker had a lumbar spine generated pain disorder. Dynamic x-ray imaging of the lumbar segments was recommended to assure there was not a new instability issue, particularly at the L4/5 level. If this is not present, he opined that removal of his hardware and re-exploration of the L5 foramen was indicated and had a high probability of improving his pain management. The 3/19/15 utilization review non-certified the request for left lumbar foraminotomy and removal of posterior instrumentation as there was no objective or imaging findings consistent with imaging to support foraminotomy, and no objective or imaging evidence of hardware instability or hardware mediated pain to warrant removal. The request for x-rays of the lumbar spine were non-certified as the patient was neurologically intact and there was no current clinical or imaging findings of instability.

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

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

**One left redo foraminotomy and removal of posterior instrumentation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305 - 306.

**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 ½ Lumbar & Thoracic, Discectomy/Laminectomy; Foraminotomy; Hardware implant removal (fixation); Hardware injection (block).

**Decision rationale:** The California MTUS recommend surgical consideration when there is severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise. Guidelines require clear clinical, imaging and electrophysiologic evidence of a lesion that has been shown to benefit both in the short term and long term from surgical repair. The guidelines recommend that clinicians consider referral for psychological screening to improve surgical outcomes. The Official Disability Guidelines recommend criteria for lumbar decompression that include symptoms/findings that confirm the presence of radiculopathy and correlate with clinical exam and imaging findings. Guideline criteria include evidence of nerve root compression, imaging findings of nerve root compression, lateral disc rupture, or lateral recess stenosis, and completion of comprehensive conservative treatment. The California MTUS does not provide recommendations relative to lumbar hardware removal. The Official Disability Guidelines (ODG) do not recommend the routine removal of hardware implanted for fixation,

except in the case of broken hardware or persistent pain, after ruling out other causes of pain such as infection and nonunion. The ODG recommend the use of a hardware injection (block) for diagnostic evaluation in patients who have undergone a fusion with hardware to determine if continued pain was caused by the hardware. If the steroid/anesthetic medication can eliminate the pain by reducing the swelling and inflammation near the hardware, the surgeon may decide to remove the patient's hardware. Guideline criteria have not been met. The patient presents with increased left lower extremity pain radiating to the dorsum of the foot. There are no clinical exam or imaging findings consistent with nerve root compression, or specific clinical exam findings relative to hardware. There is no current imaging evidence of broken hardware or loosening. There is no evidence of a diagnostic hardware injection block. Therefore, this request is not medically necessary at this time.

**X-ray of the lumbar spine:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) American College of Occupational and Environmental Medicine (ACOEM). Occupational Medical Practice Guidelines 2nd Edition. Chapter 12 Low Back Disorders. (Revised 2007) page(s) 50-51.

**Decision rationale:** The California MTUS guidelines state that lumbar spine x-rays are not recommended in patients with low back pain in the absence of red flag conditions. However, guidelines state it may be appropriate when the physician believes it would aid in patient management. The ACOEM revised low back guidelines recommend x-rays for chronic lower back pain as an option to rule-out other possible conditions. Flexion/extension views are recommended for chronic severe mechanical pain suspected to be due to instability. Guideline criteria have been met on the basis of persistent severe mechanical pain and to assess spinal segmental instability. Therefore, this request is medically necessary.