

<b>Case Number:</b>	CM15-0079705		
<b>Date Assigned:</b>	04/30/2015	<b>Date of Injury:</b>	05/07/2012
<b>Decision Date:</b>	05/29/2015	<b>UR Denial Date:</b>	04/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/27/2015

### 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 55-year-old female who sustained an industrial injury dated 5/07/12, relative to cumulative trauma. Past medical history was positive for hypercholesterolemia, hypertension, and diabetes. The 8/20/14 lumbar spine MRI impression documented grade I/IV anterolisthesis of the L5 in relation to the S1 vertebrae with bilateral spondylosis at L5. At L4/5, there was a 1 mm central disc bulge encroaching on the epidural fat and abutting the thecal sac without nerve root encroachment. The 2/17/15 pain management report cited grade 6-8/10 low back pain and bilateral leg paresthesias, with increased frequency of pain. Medications were reported as helping. Lower extremity exam documented antalgic gait, 1+ lower extremity reflexes, tightness in the back and legs with straight leg raise testing, intact sensation, and 5/5 strength. The diagnosis was low back pain and bilateral leg paresthesias. The treatment plan recommended continued medications and full duty work status. The 3/23/15 orthopaedic surgery report cited constant 8/10 low back pain radiating down the right hip and leg with associated numbness. Symptoms have been present for years, and are worse at night. Symptoms are worse with prolonged sitting and standing, and alleviated by taking 2 Norco at night. Lumbar epidural steroid injections have helped only temporarily. She was continuing to work. Physical exam documented normal gait and station, and normal heel to toe gait. Deep tendon reflexes were symmetrical with no clonus. Neurologic exam stated that peripheral neurology was normal. MRI showed L5 spondylosis with L5/S1 spondylolisthesis, L4/5 retrolisthesis, and right greater than left foraminal stenosis at L5/S1. The diagnosis was lumbar spondylolisthesis L5/S1, L5 spondylosis, lumbar spinal stenosis, low back pain and right lumbar radiculopathy. Conservative

treatments, including multiple epidural injections, had not provided significant relief. The treatment plan recommended L4-S1 posterior lumbar interbody fusion. Authorization was requested for L4-S1 posterior lumbar interbody fusion with BMP (bone morphogenetic protein) and PEEK cage with 3 day inpatient. The 4/7/15 utilization review non-certified the request for L4-S1 posterior lumbar interbody fusion with BMP (bone morphogenetic protein) and PEEK cage with 3 day inpatient stay. The rationale for non-certification cited no neurologic deficit, no evidence of instability or stenosis at L4/5 and L5/S1, no evidence of nerve root compression at L5/S1.

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

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

#### **L4-S1 posterior lumbar interbody fusion with BMP (bone morphogenetic protein) and PEEK Cage (polyetheretherketone) with 3 day inpatient stay: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-308.

**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), Bone morphogenetic proteins (BMP); Hospital length of stay (LOS).

**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. 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. The ODG supports 3 days inpatient stay status post lumbar fusion. Guideline criteria have not been met. This patient presents with lower back pain and bilateral leg paresthesias. Clinical exam findings do not evidence nerve root compression or instability. There is imaging evidence of grade I/IV spondylolisthesis at L5/S1 with no measurable instability documented. There was no imaging evidence of nerve root compromise at L4/5 or L5/S1. There was no radiographic evidence of instability at either requested level. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. There was no discussion of psychological issues or evidence of a psychosocial evaluation. Therefore, this request is not medically necessary.

