

<b>Case Number:</b>	CM15-0093556		
<b>Date Assigned:</b>	05/19/2015	<b>Date of Injury:</b>	08/13/2014
<b>Decision Date:</b>	07/07/2015	<b>UR Denial Date:</b>	04/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/14/2015

### 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 62-year-old female who sustained an industrial injury 8/13/14. Injury occurred when she slipped and fell going upstairs, landing on her right side and twisting her low back. The 4/4/14 DEXA bone study documented normal bone mineralization for her age. The 9/24/14 lumbar spine x-rays documented 1 cm of anterolisthesis of L4 on L5 increased from 2-3 mm on prior exam on 5/24/07. There was mild scoliosis of the lumbar spine concave right increased compared with the prior exam. There were diffuse degenerative changes in the lumbar spine increased from prior exam, with stable diffuse degenerative disc disease. The 10/15/14 thoracic MRI conclusion documented disc bulges at T6/7, T7/8, and T8/9 causing mild cord flattening but no cord compression. There were prominent hemangiomas in the T2, T5, T, and T8 vertebral bodies. The thoracic spine alignment was reported as normal. The 10/15/14 lumbar spine MRI impression documented lumbar scoliosis concave to the right, apex at L2/3, with a 10 degree Cobb angle. There was severe grade 1 anterolisthesis of L4 on L5 due to facet joint slippage. There were disc disorders at L1/2 and L3/4 that do not cause significant compression of the neural structures. There was facet joint arthropathy, moderately severe at L4/5 bilaterally. There was a hemangioma in the L3 vertebral body measuring 1.6 cm. At L1/2, there was a severe diffuse disc bulge with superimposed right lateral disc protrusion causing mild right neuroforaminal stenosis, and normal facet joints. At L2/3, there was a mild diffuse disc bulge that does not definitely compress neural structures with patent neural foramen bilaterally and normal facet joints. At L3/4, there was a small focal left paracentral disc protrusion that does not definitely compression neural structures with patent neural foramen and mild facet arthropathy

bilaterally. At L4/5, there was a grade 1 anterolisthesis of L4 on L5 causing mild bilateral neuroforaminal stenosis with no definite compression of neural structures and moderately severe facet joint arthropathy. At L5/S1, there was no definite disc bulge or protrusion, the neural foramen was patent bilaterally, and there was moderate facet joint arthropathy bilaterally. Recent conservative treatment included activity modification, physical therapy, and home exercise program. The 3/23/15 treating physician report cited increasing lower back pain. She moved with a slow, painful, non-antalgic and non-myelopathic gait. On standing, she leaned forward about 10 degrees. There were no lower extremity focal deficits. Current medications were not documented. The diagnosis was L1/2 severe disc degeneration, L2/3 disc degeneration with left lateral listhesis, L3/4 disc degeneration with mild lateral listhesis, L4/5 grade II anterior spondylolisthesis with disc and facet degeneration, degenerative scoliosis left T10 to L3 curve measuring 22 degrees and a right L3 to S1 curve measuring 15 degrees. Authorization was requested for a direct lateral fusion L1-L5, posterior fusion L1-S1 staged over 2 days, associated surgical service: Inpatient stay x 3 days, Pre-op Chest X-ray, Pre-op Electrocardiogram (EKG) and Pre-op Labs including CBC, CMP, PT, PTT, UA. The 4/14/15 utilization review non-certified the direct lateral fusion L1-L5, posterior fusion L1-S1 staged over 2 days and associated surgical requests as subjective complaints and objective and imaging findings did not correlate with the requested surgical procedure and psychosocial evaluation was not documented. The 5/1/15 psychological evaluation report documented the injured worker was psychologically cleared to proceed with the recommended surgery. The 5/6/15 treating physician report documented the injured worker's report that her pain had become very severe over the last month. She had been using a walking stick or cane to get around. She could no longer go up and down the stairs easily and was not able to work. She was very slow to get up from her chair and relied heavily on her walking stick. She stood with a 10-15 degree forward lean. There were no focal deficits. The injured worker had severe disc degeneration with instability as evidenced by anterior and lateral spondylolisthesis which have resulted in degenerative scoliosis. She had severe pain and limitation with stairs, extended ambulation, and activities of daily living. Surgery was pending psychological clearance.

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

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

#### **Direct Lateral fusion L1-L5, Posterior fusion L1-S1 staged over 2 days: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. 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): 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Lumbar & Thoracic: Fusion (spinal); Fusion for adult idiopathic scoliosis.

**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 is 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. Before referral for surgery, consideration of referral for psychological screening is recommended to improve surgical outcomes. 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. Fusion is recommended for adult idiopathic scoliosis when significant deformity is present. Criteria include 3 months of non-surgical care (education, exercises, and anti-inflammatory medications), curvatures over 50 degrees with persistent pain in adults, progressive mid and low back curve or low back curve with persistent pain, reduced heart and lung function, and adults under 50 years old due to surgical risks, but exceptions are possible. Fusion is recommended for objectively demonstrable segmental instability, such as excessive motion with degenerative spondylolisthesis, or for deformity of the lumbosacral spine that causes intractable pain, neurologic deficit, and/or functional disability. 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 back pain and functional limitations in activities of daily living and has been psychologically cleared for surgery. Imaging documented a 1 cm anterolisthesis at L4 on L5 and scoliosis with a 10-degree Cobb angle. However, there is no radiographic evidence of spinal segmental instability on flexion/extension views. There was no neural compression noted at any level and there is no clinical exam evidence of neurologic dysfunction. Detailed evidence of a comprehensive non-operative treatment protocol trial, including medications and injections, and failure has not been submitted. There is no objective or imaging support for intervention at all proposed surgical levels. Therefore, this request is not medically necessary at this time.

**Pre-op EKG:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Pre-op Chest X-ray:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Pre-op Labs including CBC, CMP, PT, PTT, UA: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** As the surgical request is not supported, this request is not medically necessary.

**Associated surgical service: Inpatient stay x 3 days: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 Lumbar & Thoracic: Hospital length of stay (LOS).

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.