

<b>Case Number:</b>	CM14-0148492		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	09/13/2012
<b>Decision Date:</b>	10/21/2014	<b>UR Denial Date:</b>	08/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/12/2014

### 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. The expert reviewer is Board Certified in Orthopedic Spine Surgeon and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 65-year-old male who reported an injury on 09/13/2012. The mechanism of injury was the injured worker stepped into a gopher hole. Prior surgical intervention included knee surgery. The prior therapies included had injections, medications, and physical therapy. The injured worker had an MRI of the lumbar spine on 12/06/2013, which revealed extensive spondylitic changes and congenital stenosis of the thecal sac. At L1-2, there was a 1 to 2 mm posterior disc bulge without evidence of canal stenosis or neural foraminal narrowing. At L2-3, there was a 2 to 3 mm posterior disc bulge without evaluate of neural foraminal narrowing. There was mild canal stenosis. There was facet joint hypertrophy. At L3-4, there was moderate bilateral neural foraminal narrowing secondary to 4 to 5 mm posterior disc bulge and uncovertebral osteophyte formation. There was moderate to severe canal stenosis seen. There was redundancy of the ligamentum flavum seen. At the level of L4-5, there was moderate right and mild to moderate left neural foraminal narrowing secondary to 2 to 3 mm posterior disc bulge and facet joint hypertrophy. There was moderate canal stenosis seen. The redundancy of the ligamentum flavum was seen. At L5-S1, there was moderate to severe bilateral neural foraminal narrowing secondary to 2 to 3 mm posterior disc bulge and facet joint hypertrophy, left greater than right. There was bilateral exiting nerve root compromise. The documentation of 07/15/2014 revealed the injured worker had back pain and lower extremity numbness and weakness. The injured worker had bilateral hip flexion and knee extension of 4-/5. Left dorsiflexion and plantarflexion strength was 3/5. There was a diminished perception of light touch to the bilateral anterior shins and lateral feet. The left quadriceps reflex was absent. The injured worker had moderate to severe tenderness on palpation of the mid lumbar spine. There was back pain upon extension greater than 20 degrees. The diagnosis included lumbar stenosis with neurogenic claudication and lumbar spondylosis. The discussion indicated that the injured

worker had lower extremity weakness and early signs of cauda equina syndrome. The documentation indicated the injured worker would require a multilevel lumbar decompression, total facetectomy and discectomy at L3 through the sacrum, which would create an iatrogenic instability due to the amount of decompression and would need a fusion due to the iatrogenic instability. The injured worker's medications included tramadol 50 mg and Prilosec 20 mg. There was no Request for Authorization submitted for review.

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

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

**Transforaminal lumbar interbody fusion:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307. Decision based on Non-MTUS Citation ODG-TWC Low Back Procedure Summary

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307.

**Decision rationale:** The American College of Occupational and Environmental Medicine indicate a surgical consultation may be appropriate for injured workers who have severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies preferably with accompanying objective signs of neural compromise. There should be documentation of activity limitations due to radiating leg pain for more than 1 month or the extreme progression of lower leg symptoms, and clear clinical, imaging and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair and documentation of a failure of conservative treatment to resolve disabling radicular symptoms. Additionally, there is no good evidence from controlled trials that spinal fusion alone is effective for treating any type of acute low back problem, in the absence of spinal fracture, dislocation, or spondylolisthesis if there is instability and motion in the segment operated on. Clinicians should consider referral for psychological screening to improve surgical outcomes. The injured worker had myotomal and dermatomal findings upon physical examination. The documentation indicated the injured worker would require a decompression. There was a lack of documentation of electrodiagnostic testing. The clinical documentation submitted for review failed to indicate the injured worker had a psychological screening. There was a lack of documentation of flexion and extension studies to support instability. Additionally, the request as submitted failed to indicate the level for the fusion. Given the above, the request for Transforaminal lumbar interbody fusion is not medically necessary.