

<b>Case Number:</b>	CM13-0022379		
<b>Date Assigned:</b>	11/13/2013	<b>Date of Injury:</b>	12/04/1991
<b>Decision Date:</b>	01/13/2014	<b>UR Denial Date:</b>	08/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/10/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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 physician 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 patient is a 74-year-old gentleman who injured in a work related accident on 12/04/91 sustaining injury to his low back due to repetitive use. Current clinical records for review include a progress report dated 09/10/13 with [REDACTED] where the claimant describes subjective complaints of low back pain moderate in nature with radiating pain to the legs and thighs. The pain is aggravated by activity and he is noted to have failed conservative care including medication management and activity restrictions. Records indicate prior surgery included a right hemilaminectomy at L3-4 and L4-5 however the date of the procedure was not indicated. Physical examination findings at that date showed restricted range of motion and antalgic gait, painful palpation to the buttock and sacroiliac joints bilaterally with bilateral positive Patrick testing and strength noted to be diminished to the bilateral hips with positive bilateral straight leg raising; sensory and reflex examination was not performed. The claimant was diagnosed with chronic pain syndrome with lumbar sacral spondylosis, failed back syndrome, degenerative disc disease, and radiculopathy. Surgical intervention in the form of a L2 through L5 interbody fusion with a L5-S1 posterior fusion was recommended for further treatment. Formal imaging reports were not available however findings as documented within the various office notes indicated that findings were of degenerative changes at L2 through L5 on lumbar radiograph and an MRI from 2012 showed prior L3-4 and L4-5 hemilaminectomies with degenerative changes at those levels as well as disc space collapse at L3-4, L5-S1, and L4-5.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**An extreme lateral interbody fusion (XLIF) at the L2-5 with transforaminal lumbar interbody fusion (TLIF) at the L5-S1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

**Decision rationale:** CA MTUS ACOEM Guidelines state that 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. Based on California ACOEM Guidelines, the proposed four level fusion procedure in this case would not be supported. The claimant is noted to be with degenerative disc disease at multiple levels from reported imaging that is unavailable for review. These levels do not show evidence of instability nor is there documentation of radicular findings at the L2 through S1 level, for which surgery is being requested. The lack of clinical correlation between imaging, exam findings, and no current indication of instability would fail to support a medical need for this four level lumbar fusion procedure necessary. Furthermore, documentation of the claimant's smoking status and preoperative psychological assessment are also not noted in this case. The request for the XLIF and TLIF procedures is not medically necessary and appropriate. Disclaimer: MAXIMUS