

<b>Case Number:</b>	CM13-0050653		
<b>Date Assigned:</b>	04/25/2014	<b>Date of Injury:</b>	10/12/1983
<b>Decision Date:</b>	07/22/2014	<b>UR Denial Date:</b>	10/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2013

### 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 Surgery and is licensed to practice in New York. 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 patient has chronic neck and back pain. The patient complains of numbness and tingling in the left arm and left leg. He has had previous lumbar surgery and has had some improvement. He had L4-S1 posterior fusion surgery in 2008. MRI from August 2013 reveals disc bulge at L2-3 with moderate canal stenosis. At L3-4 there is severe canal stenosis. He reports worsening pain in his back and his leg. He has tried multiple medications to include narcotics. He's had 5 lumbar epidural steroid injections. The epidural steroid injections provided him with some relief. At issue is whether fusion surgery at L3-4 is medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**L3-4 XLIF (EXTREME LATERAL INTERBODY FUSION) WITH PEDICLE SCREWS:**  
Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: pages 307-322.

**Decision rationale:** This patient has previous lumbar fusion surgery. This patient also has lumbar disk degeneration at L3-4 and L2-3 without documented radiographic evidence of instability at any lumbar segment and he does not meet established criteria for lumbar fusion. There is no documented instability. There are no flexion-extension views showing instability. There is also no evidence of fracture, or concern for tumor. Lumbar fusion surgery is not more likely than conservative measures to relieve this patient's back pain. XLIF fusion surgery is not medically necessary and not supported in the current peer review literature. All associated measures with the surgery are not needed.

**1-3 DAYS INPATIENT STAY:** 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-OPERATIVE CT SCAN:** 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.