MAXIMUS Federal Services

| Case Number: | CM13-0060799 | | |
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| Date Assigned: | 06/09/2014 | Date of Injury: | 05/09/2008 |
| Decision Date: | 08/12/2014 | UR Denial Date: | 11/11/2013 |
| Priority: | Standard | Application Received: | 12/04/2013 |

## 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, has a subspecialty in Spine Fellowship 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 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:

This is a 61-year-old male patient with a 5/9/08 date of injury. A 6/20/13 progress report indicates persistent low back pain radiating to the right lateral thigh. Physical exam demonstrated limited lumbar ROM, diffuse lumbar tenderness, and somewhat diminished sensation over the right lateral thigh. 7/22/13 progress report indicates persistent complaints, slightly antalgic gait, and positive SLR on the right. A 8/16/13 lumbar MRI demonstrates, at T12-L1, a 1.5 mm broad-based posterior disc bulge with no evidence of central or foraminal stenosis; at L1-2, retrolisthesis of L1 on L2 with a disc/osteophyte complex; at L2-3, retrolisthesis of L2 on L3 with right neural foraminal encroachment; mild narrowing of the right neural foramen; and, at L3-4, a diffuse 4 mm disc bulge with mild right and moderate left foraminal narrowing; and, at L4-5, a 4 mm disc-osteophyte complex with mild left foraminal narrowing. A 9/19/13 progress report indicates continued low back pain and right anterior thigh numbness; pain was not noted to be severe. There was some decreased sensation in the right anterior thigh. X-rays demonstrate loss of lordosis with multilevel disc degeneration; with retrolisthesis at L3-4 and L4-5 with disc space collapse at L1-2, L2-3, and all the way down to L5-S1. There is degenerative scoliosis with the apex toward the left side with the apex at L3; and asymmetric collapse at L1-2, L2-3, L3-4, and L4-5 with slight lateral listhesis of L4 on L5 toward the left side. Treatment to date has included PT, aqua therapy, medication, massage therapy, home exercise. There is documenation of a previous 11/11/13 adverse determination for lack of fusion indications at all proposed fusion levels.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**L3-S1 LUMBAR LAMINECTOMY, T11-S1 INSTRUMENTED FUSION, L5-S1 POSTERIOR LUMBAR INTERBODY FUSION, INSERTION OF BIOMECHANICAL DEVICES, L1-2, L2-3, L3-4 EXTREME LATERAL INTERBODY FUSION, INSERTION OF BIOMECHANICAL DEVICES, FLUOROSCOPY, AUTOGRAFT, ALLOGRAFT, NEUROWAVE, 4-5 DAY HOSPITAL STAY:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation X Official Disability Guidelines (ODG) Low Back Chapter: Decompression, Fusion, Disc Replacement, Extreme lateral fusion, Hospital Length of Stay GuidelinesX Other Medical Treatment Guideline or Medical Evidence: AMA Guides (Radiculopathy, Instability).

**Decision rationale:** The California MTUS states that surgical intervention is recommended for patients who have severe and disabling lower leg symptoms in the distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise; activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms; 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 failure of conservative treatment. In addition, the California MTUS states 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. However, ODG states that endoscopic fusion is not recommended. XLIF has a unique set of complications, including neural injuries, psoas weakness, and thigh numbness. Additional studies are required to further evaluate and monitor the short and long-term safety, efficacy, outcomes, and complications of XLIF procedures. In addition, formal scoliosis film reports were not made available for review. Dynamic flex-ext imaging was not obtained, and the spondylolisthesis remains unquantified. Not all proposed fusion levels are consistent with potential surgical fusion criteria. Therefore, the request for L3-S1 Lumbar Laminectomy, T11-S1 Instrumented Fusion, L5-S1 Posterior Lumbar Interbody Fusion, Insertion Of Biomechanical Devices, L1-2, L2-3, L3-4 Extreme Lateral Interbody Fusion, Insertion Of Biomechanical Devices, Fluoroscopy, Autograft, Allograft, Neurowave, 4-5 Day Hospital Stay was not medically necessary.