

<b>Case Number:</b>	CM14-0090261		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	04/24/1991
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	05/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2014

### 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 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 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 70-year-old male sustained an industrial injury on 4/24/91. Injury occurred while driving his truck over a rut on the road. Past surgical history documented three failed back surgeries including caudal lumbar laminectomy in 1992, L5/S1 anterior lumbar interbody fusion on 3/1/97, and bilateral L2/3 and left L3/4 hemilaminectomy and right L2/3 microdiscectomy in July 2005. He underwent left total knee replacement in 2011 and right total knee replacement in April 2014. The 10/18/13 lumbar MRI impression documented multilevel degenerative disc disease, most pronounced at L1/2 and L2/3, with relatively severe neuroforaminal narrowing on the right at L1/2 and left at L2/3. There appeared to be nerve root abutment in the lateral recesses and foramina at L1/2 and L2/3. There was interbody fusion at L4-S1 with foraminal narrowing due to bony encroachment of the neural foramina bilaterally from osteophytic ridging. The 11/4/13 treating physician progress report cited persistent axial back pain with lessor left leg radicular component. Physical exam documented some left L4/5 hypesthesia with trace extensor hallucis longus weakness. The treatment plan recommended an L2/3 and L3/4 extreme lateral interbody fusion (XLIF). The 5/8/14 treating physician report cited grade 7-9/10 low back and bilateral leg and knee pain. The patient was exercising and using an electrical stimulation unit. He was trying a new recliner. He had 2 months of hydrotherapy left for the knee. Physical exam documented paravertebral muscle tenderness with trigger points and decreased range of motion. There decreased sensation over the entire left leg and L5/S1 on the left. Lower extremity motor strength was 5/5 bilaterally. The right leg was grossly smaller than the left leg by more than 1 cm. The 5/30/14 utilization review denied the request for lateral lumbar interbody fusion at L2/3 and L3/4 as there was no documentation of failed recent conservative treatment, radiographic evidence of spinal instability, and evidence of psychological evaluation.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **1 Right Lateral Lumbar Interbody Fusion at the level of L2-L3 and L3-L4: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 209-211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic, XLIF® (eXtreme Lateral Interbody Fusion).

**Decision rationale:** The ACOEM revised low back guidelines state that lumbar fusion is not recommended as a treatment for spinal stenosis unless concomitant instability or deformity has been proven. The Official Disability Guidelines do not recommend extreme lateral interbody fusion (XLIF). Guidelines state 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. Guidelines also state that there is insufficient evidence of the comparative effectiveness of lumbar lateral interbody fusion (LLIF), or extreme lateral interbody fusion (XLIF) or direct lateral interbody fusion (DLIF), versus conventional posterior lumbar interbody fusion (PLIF) or transforaminal lumbar interbody fusion (TLIF). There is no compelling reason submitted by the provider to support the medically necessary of this procedure over a recommended fusion technique. Flexion/extension radiographs or MRI does not document segmental instability. Psychological screening is not evident. Therefore, this request for right lateral lumbar interbody fusion at the level of L2-L3 and L3-L4 is not medically necessary.

### **1 Assistant Surgeon: 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 Other Medical Treatment Guideline or Medical Evidence: Centers for Medicare and Medicaid services, Physician Fee Schedule.

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

### **3 Day 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 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 is medically necessary.