

<b>Case Number:</b>	CM14-0035761		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	04/12/1984
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
State(s) of Licensure: Texas  
Certification(s)/Specialty: Orthopedic Surgery

### 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 74-year-old male who reported an injury on 04/12/1984. The mechanism of injury was not provided. He was diagnosed with severe spinal stenosis at L4-5 and L4-5. His past treatments were noted to include medications and physical therapy. His diagnostic studies included an official MRI of the lumbar spine performed on 11/07/2013 which was noted to reveal moderate to marked levoscoliosis with degenerative changes, severe narrowing of the central canal at L4-5, moderately severe narrowing of the left L3-4 and L4-5 neural foramina with impingement of the exiting left L3 and L4 nerve roots respectively, and severe narrowing of the right L3-4 subarticular recess with impingement of the traversing right L4 nerve root. Additionally, the injured worker had an official CT of the lumbar spine performed on 02/07/2014 which was noted to reveal at L3-4 a broad based disc bulge and ligamentum flavum and facet hypertrophy with moderate central stenosis and right sided foraminal narrowing; at L4-5, there was a large disc bulge and facet and ligamentum flavum hypertrophy with severe central stenosis and bilateral foraminal narrowing. On 02/28/2014, the injured worker reported pain that radiated into the limb. It was noted that the injured worker was given a lumbar transforaminal epidural injection into the right L5. On 01/27/2014, the injured worker had an initial physical medicine and rehabilitation consultation. The injured worker reported chronic lower back pain, rated 6/10. The injured worker reported a new referral into the bilateral lower extremities, which was predominately in the posterior aspect of the thigh. No physical examination was provided. On 01/23/2014, the injured worker reported low back pain radiating into the hips. On physical examination, there was no tenderness to palpation and no muscle spasms. There was no

tenderness over the sacroiliac joints bilaterally. A straight leg raise test was negative in the seated and supine position bilaterally. There was a negative faber's test. The right and left lower extremities demonstrated normal alignment with no asymmetry, crepitus, or effusions. The injured worker had full range of motion with no dislocation or subluxation. There was 4/5 strength in the right extensor hallucis longus. Sensation was intact to light touch in the C5-T1 and L1-S1 dermatomes bilaterally. Deep tendon reflexes were 1+ and symmetric in the bilateral biceps, brachioradialis, triceps, quadriceps, and Achilles tendons. His current medications were noted to include naproxen as needed and Protonix 40 mg. The treatment plan included surgery and a trial of lumbar epidural injection, preoperative cardiology clearance, and a return to the clinic for followup. A request was submitted for extreme lateral interbody fusion (XLIF) of the L3-4, L4-5 with posterior decompression laminectomy and fusion with Manzor assist; assistant surgeon; intraoperative spinal cord monitoring; 3 day hospital stay; lumbosacral orthosis (LSO) brace; postoperative bone growth stimulator; and postoperative physical therapy for 12 sessions. The rationale was not provided. The Request for Authorization was submitted on 03/06/2014.

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

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

#### **Extreme Lateral Interbody Fusion (XLIF) of the L3-4, L4-5 with posterior decompression laminectomy and fusion with Manzor assist: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC), Low Back Chapter, Procedure Summary (last updated 02/13/2014).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): s 306-307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, Fusion (spinal), Discectomy/laminectomy.

**Decision rationale:** The request for extreme lateral interbody fusion (XLIF) of the L3-4, L4-5 with posterior decompression laminectomy and fusion with Manzor assist is not medically necessary. The California MTUS/ACOEM Guidelines state within the first 3 months after onset of acute low back symptoms, surgery is considered only when serious spinal pathology or nerve root dysfunction not responsive to conservative therapy is detected. More specifically, there should be radicular findings consistent with the dermatomal and myotomal distribution that is being requested and an MRI should show nerve compression or moderate to severe stenosis at the requested level. There should be evidence of failure of conservative care. There should be failure to respond to an ESI at the requested level. Lastly, there should be a psych evaluation prior to surgery. The clinical documentation submitted for review does not provide evidence of radicular findings consistent with dermatomal and myotomal distribution at the requested level. There is evidence of severe stenosis at the requested level. However, there is no evidence that the injured worker has attempted a recent participation in physical therapy, had a failure to respond to epidural steroid injection, and there is no evidence of a psych evaluation prior to surgery. Given the above, the request is not supported by the guidelines. In regard to the laminectomy, the Official Disability Guidelines state radicular findings should be consistent with dermatomal and myotomal distribution that is being requested and an MRI should show nerve

compression or moderate to severe stenosis at the requested level. There should be failure of conservative care with at least medications and physical therapy and there should be evidence of a failure to respond to an epidural steroid injection at the requested level. The clinical documentation submitted for review does not provide evidence of radicular findings consistent with dermatomal or myotomal distribution at the requested level. There is evidence of moderate to severe stenosis at the requested level. However, there is no indication the injured worker attempted a recent participation in physical therapy and there was no evidence of a failure to respond to epidural steroid injection. Given the above information, the request is not supported by the guidelines. As such, the request is not medically necessary.

**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 Official Disability Guidelines (ODG) Low back, Surgical assistant.

**Decision rationale:** As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

**Intra-operative spinal cord monitoring:** 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, Intraoperative neurophysiological monitoring (during surgery).

**Decision rationale:** As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

**3 day hospital 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, Hospital length of stay (LOS).

**Decision rationale:** As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

**Lumbosacral Orthrosis (LSO) Brace: 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, Back brace, post operative (fusion).

**Decision rationale:** As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

**Postoperative bone growth stimulator: 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, Bone growth stimulators (BGS).

**Decision rationale:** As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

**Postoperative physical therapy for 12 sessions: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26.

**Decision rationale:** As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.