

Case Number:	CM14-0055795		
Date Assigned:	07/09/2014	Date of Injury:	04/12/2013
Decision Date:	04/15/2015	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	04/25/2014

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: Illinois, California, 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 54-year-old female who sustained an industrial injury on 4/12/13. Injury occurred relative to a trip and fall over a tote box with increased neck and back pain. Past surgical history was positive for a discectomy in 2005 and L5/S1 fusion in 2009. She was diagnosed with cervical degenerative disc disease with cervical spinal stenosis, lumbar degenerative disc disease and L4-5 spondylolisthesis. The 1/17/14 low back x-rays (2 views) showed anterior posterior fusion at L4/5 with minimal anterolisthesis of L4 on L5, and mild disc space narrowing at L3/4 and L4/5. The 6/21/13 lumbar spine MRI documented post-surgical changes at L4/5 and L5/S1, including anterior posterior fusion at L5/S1. There was a small disc bulge or protrusion at L4/5 with minimal grade 1 anterolisthesis with mild central canal narrowing. The 4/9/14 treating physician report cited severe grade 8/10 back pain radiating into her legs with severe leg spasms, right greater than left. Pain was increased with standing, bending, sitting, and walking. Leg pain was debilitating but low back pain was worse. She was using a walker to get around. She was in the process of quitting smoking. Physical exam documented antalgic gait with flexed posture, lower lumbar tenderness, positive right straight leg raise, significant right paraspinal spasms, some dysesthesias in the right lower leg, symmetrical lower extremity deep tendon reflexes, and no focal motor deficits but her right leg was slightly weaker than her left overall. Standing x-rays showed approximately 6 mm of anterolisthesis at L4/5. Imaging showed a grade 1 spondylolisthesis at L4/5 with a broad based disc protrusion and some bilateral foraminal narrowing. She had tried doing therapy with only exacerbation. She did not wish to do injection therapy. A request was submitted for extreme lateral interbody fusion L4

to L5, post spinal fusion instrumentation, and removal of L5/S1 hardware including intraoperative monitoring, assistant M.D. (to include pre-op clearance EKG) and 2 to 3 days inpatient stay. The 4/23/14 utilization review non-certified the request for extreme lateral interbody fusion L4 to L5, post spinal fusion instrumentation, and removal of L5/S1 hardware with intraoperative monitoring, assistant M.D. (to include pre-op clearance EKG) and 2 to 3 days inpatient stay. The rationale for non-certification based on an absence of radiographic evidence of instability and minimal conservative intervention.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extreme lateral interbody fusion L4 to L5, post spinal fusion instrumentation and removal of L5-S1 hardware with intraoperative monitoring: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Indications for Surgery-Discectomy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Lumbar & Thoracic: Fusion (spinal); XLIF (eXtreme Lateral Interbody Fusion).

Decision rationale: The California MTUS provide general recommendations for spinal fusion but do not address extreme lateral interbody fusion. 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). In general, fusion is recommended for objectively demonstrable segmental instability, such as excessive motion with degenerative spondylolisthesis. Pre-operative clinical surgical indications require completion of all physical therapy and manual therapy interventions, x-rays demonstrating spinal instability, spine pathology limited to 2 levels, and psychosocial screening with confounding issues addressed. For any potential fusion surgery, it is recommended that the patient refrain from smoking for at least 6 weeks prior to surgery and during the period of fusion healing. Guideline criteria have not been met. The requested extreme lateral fusion procedure is not recommended by guidelines. Additionally, there is no radiographic evidence on flexion / extension films of dynamic segmental instability. There is no evidence of a psychosocial evaluation. There is no current documentation that the patient has ceased smoking for at least 6 weeks, and agreed to no smoking during the period of fusion healing. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. Therefore, this request is not medically necessary.

Assistant MD (to include pre-op clearance EKG): 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: Surgical assistant; Preoperative electrocardiogram (ECG).

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

Two to three 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 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 are medically necessary.