

Case Number:	CM15-0105428		
Date Assigned:	06/09/2015	Date of Injury:	04/07/2005
Decision Date:	07/10/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	06/01/2015

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 55-year-old female who sustained an industrial injury on 4/7/05. The mechanism of injury was not documented. The 3/30/15 neurosurgeon letter stated that the injured worker was seen today with continued significant low back pain. She had continued left leg pain if she skipped a single dose of her Neurontin. Her current gabapentin dose was 1800 mg daily which made her leg pain better but did not significantly affect her back pain. She felt that pain was gradually getting worse and worse. Overall, the injured worker is presently worse than she had even been and continued to have major issues with her back. She was working, but with great difficulty. Authorization was again requested for a fusion at the L4/5 level through most likely an anterolateral XLIF approach, even though this could also be through an anterior lumbar interbody fusion approach. Surgery had been previously approved and was now needed more than before. The 4/30/15 utilization review non-certified the request for IPSX fusion at the L4/5 level, anterolateral XLIF, as there was no documentation of failure of lesser measures, no evidence of instability, no current physical exam, and no description of progressive neurologic deficits.

IMR ISSUES, DECISIONS AND RATIONALES

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

IPSX Fusion at L4-L5 level anterolateral X-LIF: 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): 305-307. 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 guidelines indicate that lumbar spinal fusion may be considered for patients with increased spinal instability after surgical decompression at the level of degenerative spondylolisthesis. Guidelines state there was no good evidence that spinal fusion alone was effective for treating any type of acute low back problem, in the absence of spinal fracture, dislocation, or spondylolisthesis if there was instability and motion in the segment operated on. The Official Disability Guidelines (ODG) state that spinal fusion is not recommended for patients who have less than six months of failed recommended conservative care unless there is objectively demonstrated severe structural instability and/or acute or progressive neurologic dysfunction. Guidelines state that spinal fusion is recommended as an option for spinal fracture, dislocation, spondylolisthesis or frank neurogenic compromise, subject to the selection criteria. 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. The ODG state that XLIF is not recommended. A recent systematic review concluded that there is insufficient evidence of the comparative effectiveness of XLIF versus conventional posterior lumbar interbody fusion or transforaminal lumbar interbody fusion. Additional studies are required to further evaluate and monitor the short and long-term safety, efficacy, outcomes, and complications of XLIF procedures. Guideline criteria have not been met. This injured worker presented with complaints of worsening low back and left leg pain. Leg pain was controlled with regular gabapentin use. She was able to work with difficulty. There was no clinical exam or imaging documentation presented for this review. There was no radiographic evidence of spinal segmental instability. There was no psychosocial evaluation documented. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure was not submitted. Additionally, there is no guidelines support for the XLIF approach and no compelling reason presented to support this approach over a conventional approach. Therefore, this request is not medically necessary.