

Case Number:	CM15-0138287		
Date Assigned:	07/31/2015	Date of Injury:	10/23/2008
Decision Date:	09/02/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/16/2015

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:

This injured worker is a 66-year-old male who sustained an industrial injury on 10/23/08. Injury occurred when he was lifting the ladder off a fire engine and twisted his back. Past surgical history was positive for L4-S1 anterior lumbar interbody fusion and posterior spinal fixation with laminectomy on 1/25/11 and 1/26/11, and anterior cervical discectomy and fusion C5-C7 on 9/25/13. Conservative treatment in the post-operative period included physical therapy, activity modification, and medications. The 4/3/15 lumbar spine MRI conclusion documented posterior spinal fusion instrumentation at L4, L5, and S1 with L5 laminectomy. There was no evidence of hardware failure or complication. There was severe central canal stenosis at L3/4 with the AP dimension of the thecal sac 4 mm, and severe bilateral lateral recess stenosis compression the bilateral descending L4 nerve roots. There was mild central canal stenosis at L2/3 with AP dimension of the thecal sac 8 mm. Findings documented no alignment abnormality. The 5/18/15 electrodiagnostic study showed findings compatible with a chronic L5 radiculopathy. The 5/27/15 treating physician report cited worsening constant moderate to severe low back pain radiating down the left leg with weakness, numbness and tingling in the left foot. He reportedly limped and dragged his left foot. Physical exam documented significant left leg weakness, positive straight leg raise, and focal tenderness over the iliac crest at midline. Lumbar MRI showed a relatively flat L4-S1 with global fusion and intact hardware. There was severe stenosis at L3/4, moderate stenosis at L2/3, and significant retrolisthesis at L3/4. The treating physician report opined the medical necessity of surgery due to significant constant pain, neurologic deficit and MRI findings. Further conservative treatment would not be of benefit. Authorization was requested for left L3/4 extreme lateral interbody fusion (XLIF) with plate, L3/4 laminectomy and instrumented fusion, and L2/3 hemilaminectomy and associated surgical services. The 6/30/15 utilization review modified the request for left L3/4 XLIF with plate, L3/4 laminectomy and instrumented fusion, and L2/3 hemilaminectomy to a left L3/4 laminectomy. The rationale for

non-certification cited lack of guideline support for the XLIF procedure and no evidence of significant stenosis at L2/3 to support hemilaminectomy at that level.

IMR ISSUES, DECISIONS AND RATIONALES

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

One left L3-4 XLIF w/plate, L3-4 laminectomy instrumentation fusion, L2-3 hemilaminectomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Lumbar & Thoracic (Acute & Chronic), XLIF (extreme Lateral Interbody Fusion).

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, Discectomy/Laminectomy, Fusion (spinal), XLIF (extreme Lateral Interbody Fusion).

Decision rationale: The California MTUS does not provide recommendation for extreme lateral interbody fusion (XLIF). The MTUS recommend surgical consideration when there is severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise. Guidelines require clear clinical, imaging and electrophysiologic evidence of a lesion that has been shown to benefit both in the short term and long term from surgical repair. The guidelines recommend that clinicians consider referral for psychological screening to improve surgical outcomes. The Official Disability Guidelines (ODG) does not recommend lumbar fusion for patients with spinal stenosis without degenerative spondylolisthesis or instability. Fusion may be supported for segmental instability (objectively demonstrable) including excessive motion, as in isthmic or degenerative spondylolisthesis, surgically induced segmental instability and mechanical intervertebral collapse of the motion segment and advanced degenerative changes after surgical discectomy. Spinal instability criteria include lumbar inter-segmental translational movement of more than 4.5 mm. However, 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 fully met. This injured worker presents with worsening low back pain radiating down the lower extremity to the foot with weakness, numbness and tingling. Clinical exam findings are consistent with imaging evidence of severe L3/4 stenosis with L4 nerve root compression. There was mild central canal stenosis documented at L2/3 with no imaging evidence of neurocompression. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. There is no radiographic evidence of spinal segmental instability or discussion of the need for wide decompression resulting in temporary intraoperative instability and necessitating fusion. Additionally, the extreme lateral approach is not fully guideline supported. The 6/30/15 utilization review partially certified an L3/4 laminectomy noting severe stenosis and nerve root compression at that level. There is no compelling rationale presented to support the medical necessity of additional certification at this time. Therefore, this request is not medically necessary.