

Case Number:	CM15-0161650		
Date Assigned:	08/27/2015	Date of Injury:	04/07/2005
Decision Date:	09/30/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	08/17/2015

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 55-year-old female who sustained an industrial injury on 4/7/05. The mechanism of injury was not documented. Long-term conservative treatment included medications, physical therapy, epidural steroid injections, and activity modification. The lumbar L3/4, L4/5, and L5/S1 discogram performed 5/31/12 documented degenerative disc disease and radial fissures at L4/5 with excruciating back pain but no radicular pain. The L3/4 and L5/S1 discs were reported normal. The 3/3/14 lumbar spine MRI impression documented a 2 mm broad-based disc bulge at L4/5 and facet hypertrophy and ligamentum flavum laxity producing mild central canal narrowing, and moderate right and mild to moderate left neuroforaminal narrowing. The disc bulge was 3 mm in flexion and 4 mm in extension. At L3/4, there was a broad-based 2 mm disc bulge and facet hypertrophy and ligamentum flavum laxity producing mild central canal and bilateral neuroforaminal narrowing. At L5/S1, there was a 1 mm broad-based disc bulge and facet hypertrophy and ligamentum flavum laxity producing slight central canal narrowing and no neuroforaminal narrowing. There was no abnormal vertebral body motion on flexion or extension. The 10/13/14 lumbar spine x-rays with flexion/extension views documented disc space narrowing at L4/5 with no evidence of subluxation on the lateral viewed. During flexion, a 2 mm retrolisthesis of L4 on L5 was noted. During extension, the alignment was again anatomic without evidence of appreciable anterior-posterior subluxation. The 3/30/15 treating physician report cited progressive significant low back pain and radiating left leg pain if she skipped even one dose of her Neurontin. She was taking a total of 1800 mg a day, which made her leg feel better but did not significantly affect her back pain. She was worse than she

even had been and continued to have major back issues. She continued to work, but with difficulty. The 7/7/15 treating physician report cited increasing disabling lower back pain radiating into her hips and lateral left leg in the L5 distribution. Objective findings revealed moderate paraspinal muscle spasm, mild paraspinal muscle tenderness, decreased active lumbar range of motion, and decreased sensation to the lateral left thigh. Authorization was requested for fusion at the L4-5 level anterolateral XLIF (extreme lateral interbody fusion). The 8/10/15 utilization review non-certified the request for L4/5 XLIF as the Official Disability Guidelines specifically recommended against this surgical intervention based on insufficient evidence of comparative efficacy of XLIF to conventional posterior lumbar interbody fusion or transforaminal lumbar interbody fusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fusion at L4-5 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 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 electrophysiological 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 California MTUS does not provide recommendation for extreme lateral interbody fusion (XLIF). The Official Disability Guidelines (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. Additionally, the ODG do not recommend lumbar fusion for patients with degenerative disc disease, disc herniation, spinal stenosis without degenerative spondylolisthesis or instability, or non-specific low back pain. 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 includes lumbar inter-segmental translational movement of more than 4.5 mm. Pre-operative clinical surgical indications require completion of all physical therapy and manual therapy interventions, x-rays demonstrating spinal instability and/or imaging demonstrating nerve root impingement correlated with symptoms and exam findings, spine fusion to be performed at 1 or 2 levels, psychosocial screening with confounding issues addressed, and

smoking cessation for at least 6 weeks prior to surgery and during the period of fusion healing. Guideline criteria have not been met. This injured worker presents with increasing and function-limiting low back pain radiating into the hips and lateral left leg in an L5 distribution. Clinical exam findings are consistent with imaging evidence of plausible nerve root compromise at the L4/5 level. 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 significant spondylolisthesis or spinal segmental instability on flexion and extension x-rays. There is no discussion or imaging evidence supporting the need for wide decompression that would result in temporary intraoperative instability and necessitate fusion. There is no evidence of a psychosocial screen. Additionally, guidelines do not support the use of the XLIF procedure over conventional posterior lumbar interbody fusion or transforaminal lumbar interbody fusion. There is no compelling rationale to support the medical necessity of this surgical request as an exception to guidelines. Therefore, this request is not medically necessary.