

<b>Case Number:</b>	CM15-0181686		
<b>Date Assigned:</b>	09/23/2015	<b>Date of Injury:</b>	04/01/2011
<b>Decision Date:</b>	11/02/2015	<b>UR Denial Date:</b>	09/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2015

### 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: New York, Montana  
 Certification(s)/Specialty: Neurological 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 53 year old male who sustained an industrial injury on 04-01-2011. Physician impression included back and left leg sciatica, congenital fusion at L3-4 with mechanical instability and mild stenosis at L4-5 and lesser findings at L2-3. Report dated 07-30-2015 noted that the injured worker presented with complaints that included back pain with radiation in both legs, left leg sciatic pain, numbness in the inner calf. Pain level was 7 (without medications) and 5 (with medications) out of 10 on a visual analog scale (VAS). Physical examination performed on 07-30-2015 revealed numbness in the left L4 distribution, decreased left knee jerk, positive straight leg raise on the left, flattening of his lordosis, he is asymmetric leaning more to the right, and evidence of myelopathy. Previous diagnostic studies included an MRI of the lumbar spine and pelvis on 05-19-2015. Previous treatments included medication. The treatment plan included recommendation for extreme lateral interbody fusion (XLIF) at L3-L5, laminectomy and fusion with hardware at L2-L5. The utilization review dated 09-12-2015, non-certified/modified the request for extreme lateral interbody fusion (XLIF) at L3-L5, laminectomy and fusion with hardware at L2-L5, 3 day in-patient stay, and pre-op clearance.

### 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) at L3-L5: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar Thoracic (acute & chronic).

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Surgical Considerations.

**Decision rationale:** The California MTUS guidelines recommend lumbar surgery if there is severe persistent, debilitating lower extremity complaints, clear clinical and imaging evidence of a specific lesion corresponding to a nerve root or spinal cord level, corroborated by electrophysiological studies which is known to respond to surgical repair both in the near and long term. Documentation does not provide this evidence. The California MTUS guidelines do recommend lumbar fusion if the patient has had a fracture, dislocation and significant instability. Documentation does not disclose this. The requested treatment: Extreme lateral interbody fusion (XLIF) at L3-L5 is not medically necessary and appropriate.

**Laminectomy and fusion with hardware at L2-L5:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

**Associated surgical service: 3 day in-patient stay:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

**Pre-op clearance:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.