

<b>Case Number:</b>	CM15-0022124		
<b>Date Assigned:</b>	02/11/2015	<b>Date of Injury:</b>	08/25/2011
<b>Decision Date:</b>	03/27/2015	<b>UR Denial Date:</b>	01/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/05/2015

### 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 52-year-old male sustained an industrial injury on 8/25/11. Injury occurred while he was unloading and pushing pallets of products to the underground warehouse. He underwent L4/5 laminotomy, foraminotomy, and medial facetectomy on 5/13/14. Clinical findings and imaging in July evidenced a recurrent disc herniation. He subsequently underwent total laminectomy at L4 and L5 and partial laminectomy at L3 and S1, with revision microdiscectomy at L4/5 on 8/19/14. The 12/10/14 lumbar spine MRI impression documented status post laminectomy at L4/5 and L5/S1, and degenerative disc disease from L1/2 through L5/S1. There was a large central/right paracentral disc protrusion with annular tear at L4/5 effacing the lateral recess and impinging the traversing L5 nerve root on the right. There was mild to moderate central canal stenosis and right neuroforaminal narrowing at L4/5 due to discogenic and facet disease. There was no definite compression of the exiting L4 nerve root on the right. The 1/5/15 orthopedic surgery report cited low back pain radiating to the right greater than left lateral thigh, and right plantar foot pain. He reported numbness and tingling in the right posterior thigh, dorsal foot, and great and second toes. He reported that his right lower extremity buckles when walking. He finished aquatic therapy and was to progress to land therapy. He stated he could not take the pain anymore and wanted a fusion. Physical exam documented ambulation with a cane, bilateral paraspinal tenderness, 5-/5 right extensor hallucis longus weakness, negative straight leg raise, and decreased sensation over the entire right calf and foot. The patient had a large L4/5 disc extrusion on the right. The treatment plan requested authorization for extreme lateral interbody fusion/posterior spinal fusion at L4/5 with revision decompression. Guidelines were met based

on second recurrent disc herniation and decompression will require resection of most of the residual L4/5 facet on the right. The 1/28/15 treating physician report indicated that the patient had only partially completed his pain psychology and was taking Xanax for an anxiety and depression disorder. On 1/12/15, utilization review non-certified a request for XLIF/PSF at L4-5 with revision decompression, assistant surgeon, inpatient stay (3 days), neurophysiologic spinal, monitoring, pre-op appointment, DMEs: bone growth stimulator, lumbar brace, and Office visit. The XLIF/PSF at L4-5 with revision decompression was denial was based on MTUS ACOEM and ODG guidelines. The assistant surgeon, inpatient stay (3 days), neurophysiologic spinal, monitoring, pre-op appointment, DMEs: bone growth stimulator, lumbar brace were denied since they were predicated on the initial surgical request which was denied. The Office visit was denied based on ACOEM guidelines.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**XLIF/PSF at L4-5 with revision decompression: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back Lumbar & Thoracic: Fusion (spinal); XLIF® (eXtreme Lateral Interbody Fusion)

**Decision rationale:** 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. In general, the ODG support spinal fusion for patients undergoing decompression surgery when surgically induced segmental instability is anticipated, and after failure of two discectomies on the same disc. 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. Guideline criteria have not been met. The request for XLIF is not supported by guidelines as there is insufficient evidence of the comparative effectiveness of XLIF versus conventional posterior lumbar interbody fusion. There is no compelling reason to support the medical necessity of XLIF over guideline-related concerns. Additionally, the patient has not fully met the criteria for posterior spinal fusion as there is no evidence of psychosocial clearance for surgery. On-going psychological treatment is documented. Therefore, this request is not medically necessary.

**Assistant surgeon: 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 Low Back Lumbar & Thoracic: Surgical assistant

**Decision rationale:** As the surgical request is not supported, this request is not medically necessary.

**Inpatient stay (3 days):** 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 Low Back Lumbar & Thoracic: Hospital length of stay (LOS)

**Decision rationale:** As the surgical request is not supported, this request is not medically necessary.

**Neurophysiologic spinal, monitoring:** 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 Low Back Lumbar & Thoracic: Intraoperative neurophysiological monitoring (during surgery)

**Decision rationale:** As the surgical request is not supported, this request is not medically necessary.

**Pre-op appointment:** 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 Institute for Clinical Systems Improvement (ICSI). Preoperative evaluation. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2010 Jun. 40 p

**Decision rationale:** As the surgical request is not supported, this request is not medically necessary.

**DMEs: Bone growth stimulator, Lumbar brace: 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 Low Back Lumbar & Thoracic: Bone growth stimulators (BGS)

**Decision rationale:** As the surgical request is not supported, this request is not medically necessary.

**Office visit: 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 Low Back Lumbar & Thoracic: Office visit

**Decision rationale:** As the surgical request is not supported, this request is not medically necessary.