

Case Number:	CM15-0023340		
Date Assigned:	02/12/2015	Date of Injury:	05/07/2009
Decision Date:	04/22/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	02/06/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 57 year old female, who sustained an industrial injury on 05/07/2009. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. Diagnoses include lumbar post-laminectomy syndrome, displacement of lumbar intervertebral disc without myelopathy, and sciatica. Treatment to date has included medication regimen, magnetic resonance imaging of the lumbar spine, status post lumbar three to four laminectomy and lumbar three to four fusion, and epidural injections. In a progress note dated 01/05/2015 the treating provider reports severe aching, hard to sharp, shooting, and disabling low back pain with lower extremity sciatica. The pain is rated a seven to eight out of ten. The treating physician requested a posterior fusion at lumbar two to three noting disc herniation at this level and also requested the removal of the hardware at lumbar three to four and replacing them with lumbar three screws noting the possibility of hardware related pain. On 01/13/2015 Utilization Review non-certified the requested treatment of lumbar two to three extreme lateral interbody fusion, two to three posterior spine fusion with instrumentation, and removal of lumbar three to four instrumentation, noting the California Medical Treatment Utilization Schedule, American College of Occupational and Environmental Medicine Guidelines Low Back Complaints; and Official Disability Guidelines, Low Back (Updated 11/21/2014).

IMR ISSUES, DECISIONS AND RATIONALES

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

L2-3 Extreme Lateral Interbody Fusion, L2-3 Posterior Spine w/ Instrumentation, Removal L3-4 Instrumentation: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Low Back Chapter, Hardware implant removal. Low Back Chapter, XLIF eXtreme Lateral Interbody Fusion.

Decision rationale: Per the 01/05/15 report the patient presents with severe aching, hard to sharp, shooting, and disabling low back pain with lower extremity sciatica rated 7-8/10. The current request is for Extreme Lateral Interbody Fusion, L2-3 Posterior Spine W/ Instrumentation, Removal L3-4 Instrumentation. ODG, Low Back Chapter, Hardware implant removal, states, "Not recommend the routine removal of hardware implanted for fixation, except in the case of broken hardware or persistent pain, after ruling out other causes of pain such as infection and nonunion." ODG, Low Back Chapter, XLIF eXtreme Lateral Interbody Fusion, states, "Not recommended." XLIF has a unique set of complications, including neural injuries, poses weakness, and thigh numbness. Additional studies are required to further evaluate and monitor the short and long-term safety, efficacy, outcomes, and complications of XLIF procedures." The treating physician states on 01/05/15 that the patient may have some hardware related pain, but it is most likely the L2-3 disc herniation that is responsible for the lower back and sciatica complaints. This report further states, "I think simply removing her hardware would not give her adequate relief to prevent her from having to come back to address the L2-3 level." The treater feels posterior fusion at L2-3 will also be necessary that will require removing the L3-L4 hardware and replacing the L3 screws. In this case, the XLIF surgery requested is not approved by guidelines. Additional studies are required. Therefore, the request IS NOT medically necessary.