

Case Number:	CM15-0215421		
Date Assigned:	11/05/2015	Date of Injury:	11/29/1993
Decision Date:	12/16/2015	UR Denial Date:	10/16/2015
Priority:	Standard	Application Received:	11/02/2015

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 56-year-old male who sustained an industrial injury on 11/29/93. The mechanism of injury was not documented. Past medical history was positive for anxiety, insomnia, depression, and hypertension. He was status post multiple lumbar surgeries, including L4/5 and L5/S1 fusion. Conservative treatment had included left L3-L5 radiofrequency neurotomy, caudal epidural steroid injection, medications, exercise, spinal cord stimulator, and activity modification. The behavioral health progress reports for dates of service 1/15/15 to 6/10/15 indicated that the injured worker's medical, physical, and emotional conditions were manifold and chronically severe and markedly impacted daily functioning. Continued individual psychotherapy and psychotropic medication management was recommended. The 9/28/15 lumbar spine MRI impression documented degenerative changes at L2/3 and L3/4. At L2/3, there was a 2 mm posterior disc bulge without central canal stenosis. There was mild bilateral neuroforaminal narrowing. At L3/4, there was a 4 mm broad-based disc protrusion, with mild central canal stenosis and moderate bilateral neuroforaminal narrowing. There were surgical changes at L4/5 and L5/S1 without central canal stenosis or neuroforaminal narrowing. The 10/2/15 lumbar spine CT scan impression documented status post fusion L4/5 and L5/S1, and multilevel degenerative disease of the lumbar spine. Findings documented L2/3 disc osteophyte complexes and facet and ligamentous hypertrophy at L2/3 and L3/4 with no evidence of spinal stenosis. There as bilateral lateral recess narrowing and sclerotic endplate changes at L3/4. The 10/12/15 treating physician report cited low back pain radiating into the left groin, not improved with any activity. He completed a Medrol Dosepak which helped a lot. Physical exam

documented non-antalgic steady gait, mild paraspinal pain on palpation, limited and painful lumbar range of motion. Straight leg raise was positive on the left. He was unable to toe or heel walk. There was 3/5 left dorsiflexion and extensor hallucis longus weakness, absent left deep tendon reflexes, and normal sensory testing from L1 to S1. CT scan showed solid fusion at the L4/5 and L5/S1 level. There was advanced disc disease with endplate changes, osteophyte formation, and vacuum phenomenon at the L2/3 and L3/4 levels. The radiologist did not denote these abnormalities which were reported as obvious. MRI showed degenerative disc disease at L2/3 and L3/4 with 4 mm disc bulge and moderate lateral recess and foraminal stenosis. Authorization was requested for L2/3 and L3/4 extreme lateral interbody fusion (XLIF), post fusion instrumentation, and left L3/4 decompression and associated 3-day inpatient stay and Miami lumbar brace. The 10/16/15 utilization review non-certified the request for L2/3 and L3/4 XLIF, post fusion instrumentation, and left L3/4 decompression and associated surgical requests as there was a lack of psychosocial screen and no evidence of spinal instability.

IMR ISSUES, DECISIONS AND RATIONALES

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

L2/3 and L3/4 extreme lateral interbody fusion, post fusion, instrumentation, left L3/4 decompressions: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Fusion.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Surgical Considerations. 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 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) recommend criteria for lumbar discectomy that include symptoms/findings that confirm the presence of radiculopathy and correlate with clinical exam and imaging findings. Guideline criteria include evidence of nerve root compression, imaging findings of nerve root compression, lateral disc rupture, or lateral recess stenosis, and completion of comprehensive conservative treatment. The ODG state that extreme lateral interbody fusion (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. 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 low back pain radiating into the left groin. Clinical exam findings evidence motor deficits and reflex changes consistent with nerve root compromise and reported imaging evidence of lateral recess stenosis and plausible nerve root compromise. Evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial without sustained improvement has been submitted. There is no radiographic evidence of 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. Potential psychological issues are documented with no evidence of a psychosocial screen. Additionally, there is no compelling rationale submitted to support the medical necessity of extreme lateral interbody fusion in the absence of guideline support and as an exception to guidelines. Therefore, this request is not medically necessary.

Associated surgical services: 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 Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic: Hospital length of stay (LOS).

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated surgical services: Miami lumbar brace: Upheld

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

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM). Occupational Medical Practice Guidelines 2nd Edition. Chapter 12 Low Back Disorders. (Revised 2007) page(s) 138-139.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.