

Case Number:	CM15-0216084		
Date Assigned:	11/05/2015	Date of Injury:	09/22/1997
Decision Date:	12/16/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	11/03/2015

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 66-year-old male who sustained an industrial injury on 9/22/97. Injury occurred relative to moving a 250-pound pump down stairs with a co-worker. Past medical history was positive for history of blood thinners, hypertension, diabetes and heart attack. He underwent L5/S1 fusion and subsequent left L5 hemi laminectomy and left L4 discectomy in March 2014. The 7/20/15 treating physician report cited persistent grade 7-8/10 lower and middle lumbar pain radiating down both legs, greater on the left. He had initial good post-operative relief until October/November 2014. He had a left L4/5 epidural steroid injection on 3/10/15 with good relief for about 4 weeks. He had not worked since August 2014 and was taking Norco and ibuprofen. Physical exam documented antalgic gait, normal paraspinal muscle tone, and normal but painful lumbar range of motion. There was 3/5 great toe dorsiflexion weakness and 4/5 ankle dorsiflexion weakness. Lower extremity deep tendon reflexes were 1+ and symmetrical. Sensation was decreased over the left L5 dermatome. Straight leg raise was positive for back pain only. X-rays demonstrated a stable anterior and posterior fusion at L5/S1. There was retrolisthesis of L2 upon L3, L3 upon L4, and L4 upon L5. The injured worker was a candidate for an additional 3-level anterior/posterior fusion. A repeat MRI was recommended. The 8/26/15 lumbar spine MRI conclusion documented stable posterior instrumented fusion at L5/S1 with moderate facet hypertrophy and disc and endplate degeneration primarily from L2/3 to L4/5. There was mild to moderate spinal stenosis at L2/3 and L3/4 contacting the L3 and L4 nerve root in the axillary recesses. There was an inferior disc extrusion at L3/4 potentially impinging on the right L4 nerve root. There was a chronic left

eccentric disc extrusion at L4/5 displacing the left L5 nerve root and an L4/5 disc extrusion decreased in prominence since 1/26/15. There was mild bilateral foraminal narrowing from L2/3 to L4/5, also unchanged. The 8/26/15 treating physician report cited worsening back pain radiating to the bilateral thighs, legs and feet. Symptoms were aggravated with walking, sitting, standing, leaning forward, and leaning backward. Conservative treatment had included acupuncture, bedrest, lumbar epidural steroid injection, pain medications, and Neurontin. Physical exam documented non-antalgic gait, paraspinal and sacroiliac joint tenderness, mild paraspinal spasms, and mild to moderately limited lumbar range of motion. There was 5/5 lower extremity strength, diminished Achilles reflexes bilaterally, and intact lower extremity sensation. Straight leg raise was negative. The injured worker had worsening mechanical back and leg pain and was not able to function. The treatment plan recommended extension of his fusion up to L2. Authorization was requested for L2/3, L3/4, and L4/5 extreme lateral interbody fusion (XLIF) with L2-L5 posterior spinal fusion with L2-S1 instrumentation with associated surgical requests for an assistant surgeon and 4 day hospital stay. The 10/7/15 utilization review non-certified the requests for L2/3, L3/4, and L4/5 extreme lateral interbody fusion (XLIF) with L2-L5 posterior spinal fusion with L2-S1 instrumentation and associated surgical requests as there was no evidence of fracture, infection, instability or a spondylolisthesis, and guidelines did not support fusion for degenerative lumbar spondylosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

L2-3, L4-5 XLIF, L2-L5 PSF with L2-S1 instrumentation: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), www.odg-twc.com; Section: Low Back - Lumbar & Thoracic (Acute & Chronic).

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: Discectomy/Laminectomy; Fusion (spinal); XLIF(R) (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 worsening low back pain radiating into the bilateral lower extremities to the feet. Significant functional limitation was documented. Clinical exam findings have evidenced motor and sensory deficits and reflex changes consistent with imaging evidence of multilevel nerve root compromise. Evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial without sustained improvement has been submitted. However, 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. There is 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 service: Assist surgery: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated surgical service: 4 days 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.