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| Case Number: | CM15-0049679 | | |
| Date Assigned: | 03/23/2015 | Date of Injury: | 04/26/2007 |
| Decision Date: | 05/01/2015 | UR Denial Date: | 03/06/2015 |
| Priority: | Standard | Application Received: | 03/16/2015 |

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:

The injured worker is a 62-year-old male who sustained an industrial injury on 4/26/07. Past medical history was positive for hypertension, diabetes, and elevated cholesterol. Past surgical history was positive for L3/4 and L4/5 laminectomy and fusion approximately 5 years ago, and L2/3 laminectomy, medial facetectomy, and bilateral foraminotomy on 8/19/14. The 10/30/14 lumbar spine MRI conclusion documented prior instrumented fusion, laminectomies from L3-L5, unchanged from prior exam and an interval L2/3 laminectomy with enhancing granulation. There was mild lumbar curvature. There was disc/endplate degeneration, small disc extrusion, and mild facet hypertrophy at L2/3 and L3/4. Mild spinal stenosis was reported at L2/3 but was decreased in severity and likely marginally adequate. There was mild L1/2 and L2/3 foraminal narrowing and the L1 and L2 nerve root appeared to exit freely. There was slightly decreased severity of foraminal narrowing at L2/3. The 12/18/14 electrodiagnostic study revealed sensorimotor neuropathy but no evidence for lumbosacral radiculopathy. The 12/29/14 treating physician report indicated that the injured worker felt his condition had worsened after the operation. He had low back pain and left thigh numbness. When he stood up, he had shooting pain down both lower extremities. Standing tolerance was limited to 8-10 minutes. X-rays showed significant degeneration lumbar scoliosis with collapse of the spine to the left at L2/3, and significant wear and tear at L1/2. There was slight retrolisthesis on flexion/extension views at L1/2. Symptoms were predominantly left-sided L3 radiculopathy, and now right-sided also. Pain was aggravated by motion. The treatment plan recommended anterior spinal fusion at L2/3 using the XLIF (extreme lateral interbody fusion) approach, followed by posterior spinal fusion

and instrumentation from L1 to the present construct. Records documented a peer-to-peer discussion in which the treating physician confirmed the injured worker had a lateral subluxation at L2/3 with instability present at L1/2 and L2/3. The 3/6/15 utilization review modified the request for L2/3 XLIF (extreme lateral interbody fusion), hardware removal at L1-L3, and L1-L3 posterior spinal fusion with instrumentation to anterolateral interbody fusion at L1/2 and L2/3 and posterior instrumentation L1/2 and L2/3 after peer-to-peer discussion and with provider agreement.

IMR ISSUES, DECISIONS AND RATIONALES

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

L2-3 XLIF & hardware removal, L1-L3, L1-I3 PSF w/instrum: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307, 310. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter, XLIF (Extreme Lateral Interbody Fusion).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Lumbar & Thoracic: XLIF (eXtreme Lateral Interbody Fusion).

Decision rationale: The California MTUS does not provide recommendation for extreme lateral interbody fusion (XLIF). The Official Disability Guidelines 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. Guideline criteria have not been met. The 3/6/15 utilization review documented an agreement with the treating physician to modify the surgical request to anterolateral interbody fusion at L1/2 and L2/3 and posterior instrumentation L1/2 and L2/3 based on an absence of guideline support for the XLIF procedure. There is no compelling rationale presented to support the medical necessity of additional surgical authorization. Therefore, this request is not medically necessary.