

Case Number:	CM15-0050782		
Date Assigned:	03/24/2015	Date of Injury:	11/17/1999
Decision Date:	05/07/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	03/17/2015

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 51-year-old female who sustained an industrial injury on 11/17/99. The mechanism of injury was not documented. She underwent global decompression, fusion and instrumentation at L3/4 in 2011. The 10/23/14 lumbar flexion/extension x-ray impression documented anterolisthesis on L2 on L3 that measured 9.28 mm on extension, and 6.98 mm on flexion. The 12/2/14 lumbar MRI impression documented an L2/3 disc bulge and focal herniation with severe central canal, bilateral subarticular, and foraminal stenosis. At L5/S1, there was severe bilateral subarticular and foraminal stenosis with large disc bulge, focal herniation, and possible extrusion of disc material into the right neural foramen. There were pedicle screws and vertical rods at L3/4, L3-L5 laminectomies, and L3/4 and L4/5 discectomy with interbody spacers. There was near bony fusion of L3-5 with partial reversal of the normal lumbar lordosis. The 3/2/15 treating physician report cited increasing low back pain and right anteromedial thigh and groin discomfort over the past 8-12 months. The 1/23/15 transforaminal steroid injection decreased the right leg pain for almost one month but pain resumes. Pain control required large amounts of narcotics and she was comfortable sitting in a recliner or leaning forward. She used a cane to ambulate. Physical exam documented a forward lumbar list and severe right anterior thigh pain with lumbar extension between 0-20 degrees. Femoral nerve stretch was positive on the right. There was decreased right L2 and L3 dermatomal sensation, and absent left patellar and Achilles reflexes. The diagnosis was L2/3 degenerative spondylolisthesis with spinal stenosis and left L2 radiculopathy with segmental instability. Authorization was requested for extreme lateral L2/3 Interbody Fusion (XLIF) with PEEK cage

and bone morphogenetic protein, followed by L2/3 laminectomy and posterior segmental fixation construct. The 3/9/15 utilization review non-certified the request for XLIF as there was no discussion as to why this patient would not be a candidate for a more evidence based approach such as a posterior, anterior or lateral fusion. The utilization review certified a lateral interbody fusion and posterior spinal decompression and instrumented posterior spinal fusion at L2/3 following discussion with the treating physician report.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extreme lateral L2-L3 interbody fusion with PEEK cage with bone morphogenic protein:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, XLIF (eXtreme Lateral Interbody Fusion).

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: Fusion (spinal); Bone-morphogenetic protein (BMP); XLIF (eXtreme Lateral Interbody Fusion).

Decision rationale: The California MTUS does not provide recommendations for this procedure. The Official Disability Guidelines (ODG) do not recommend extreme lateral interbody fusion (XLIF). Guidelines state XLIF has a unique set of complications, including neural injuries, psoas 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. Guidelines also state that there is insufficient evidence of the comparative effectiveness of lumbar lateral interbody fusion (LLIF), or extreme lateral interbody fusion (XLIF) or direct lateral interbody fusion (DLIF), versus conventional posterior lumbar interbody fusion (PLIF) or transforaminal lumbar interbody fusion (TLIF). The 3/9/15 utilization review documented an agreement with the treating physician to modify the surgical request to lateral interbody fusion and posterior spinal decompression and instrumented posterior spinal fusion at 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.