

<b>Case Number:</b>	CM14-0027885		
<b>Date Assigned:</b>	06/16/2014	<b>Date of Injury:</b>	06/30/2011
<b>Decision Date:</b>	09/23/2014	<b>UR Denial Date:</b>	02/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/05/2014

### 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. The expert reviewer is Board Certified in Orthopedic Surgery, has a subspecialty in Spine Fellowship Trained and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 47-year-old male with a 6/30/11 date of injury. At the time (2/10/14) of request for authorization for L2-3 extreme lateral interbody fusion with an L2-3 pedicle fusion and 2 days inpatient stay, there is documentation of subjective (low back pain increased with activity) and objective (pain to palpation at lumbar facets bilaterally L3-S1, pain with lumbar extension, normal motor, sensation intact, and deep tendon reflexes intact) findings, imaging findings (lumbar spine x-rays (12/6/13) report revealed grade 1 retrolisthesis of L2 in relation to L3; instability between flexion and extension; moderate severe discogenic disease at L2-3), current diagnoses (lumbar spine instability), and treatment to date (medications, physical therapy, chiropractic, traction, acupuncture, and home exercise program).

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **L2-L3 EXTREME LATERAL INTERBODY FUSION WITH AN L2-L3 PEDICLE FUSION: 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).

**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, XLIF® (eXtreme Lateral Interbody Fusion).

**Decision rationale:** MTUS does not address this issue. ODG states that eXtreme Lateral Interbody Fusion is not recommended. In addition, ODG identifies that there is insufficient evidence of the comparative effectiveness of XLIF versus conventional posterior lumbar interbody fusion or transforaminal lumbar interbody fusion. Therefore, based on guidelines and a review of the evidence, the request for L2-3 extreme lateral interbody fusion with an L2-3 pedicle fusion is not medically necessary.

**2 DAYS INPATIENT STAY:** 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).

**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, Hospital length of stay (LOS).

**Decision rationale:** MTUS does not address the issue. ODG identifies hospital LOS for up to 4 days in the management of lumbar fusion. Within the medical information available for review, there is no documentation of a pending surgery that is medically necessary. Therefore, based on guidelines and a review of the evidence, the request for 2 day inpatient stay is not medically necessary.