

Case Number:	CM15-0129604		
Date Assigned:	07/21/2015	Date of Injury:	05/13/1993
Decision Date:	08/21/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	07/06/2015

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 59-year-old male who sustained an industrial injury on 5/13/93, relative to a motor vehicle accident. Past medical history was positive for benign prostatic hyperplasia, diabetes, depression, and hypertension. Past surgical history was positive for multiple lumbar spine surgeries including L3-L5 lumbar fusion, and spinal cord stimulator placement. The most recent surgery was an L5/S1 laminectomy on 12/17/13. The 12/10/13 electrodiagnostic studies revealed chronic right L4/5 radiculopathy. The medical records indicated that the 3/5/14 CT myelogram revealed significant left sided neuroforaminal stenosis at L5/S1 secondary to disc herniation. The 6/2/15 treating physician report cited severe low back pain radiating to the bilateral lower extremities, right greater than left, with right foot weakness. Activities of daily living were limited. Symptoms persisted despite prior treatments including anti-inflammatories, therapy, injections, and other conservative measures. Physical exam documented antalgic right lower extremity gait, lumbar tenderness to percussion, inability to toe/heel walk secondary to pain, and decreased lumbar lateral flexion and rotation. Neurologic exam documented diminished great and 2nd toe (L4/5) sensation, 4/5 gastrocnemius and extensor hallucis longus weakness, and absent right Achilles reflex. Straight leg raise was positive. CT myelogram revealed moderate to severe foraminal stenosis at L5/S1, left greater than right. Fusion was solid at L3/4 and L4/5. There were progressive degenerative changes at L2/3 with mild stenosis and flat back deformity. The diagnosis was documented as flat back syndrome, lumbar stenosis with neurogenic claudication, and status post lumbar fusion. Authorization was requested for anterior retroperitoneal L5/S1 discectomy, interbody fusion, L2/3 extreme lateral interbody fusion, followed by lumbar decompression L2/3 and L5/S1 and instrumental fusion from L2-S1. The 6/18/15 utilization review non-certified the request for anterior retroperitoneal L5/S1 discectomy, interbody fusion, L2/3 extreme lateral interbody fusion, followed by lumbar decompression L2/3 and L5/S1 and instrumental fusion from L2-S1 as there was no significant

stenosis at the L2/3 level or symptoms that correlated with findings at that level, and there was no indication why a simple decompression at L5/S1 would not be beneficial.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior retroperitoneal approach for L5-S1 discectomy, interbody fusion, L2-3 extreme lateral interbody fusion, on 2nd day follow with lumbar decompression L2-L3 and L5-S1 and instrumental fusion from L2-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) TWC.

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 ½ Lumbar & Thoracic: Discectomy/Laminectomy; Fusion (spinal); XLIF ½ (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 California MTUS guidelines indicate that lumbar spinal fusion may be considered for patient with increased spinal instability after surgical decompression at the level of degenerative spondylolisthesis. The guidelines recommend that clinicians consider referral for psychological screening to improve surgical outcomes. The Official Disability Guidelines recommend criteria for lumbar decompression 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. Fusion may be support for segmental instability (objectively demonstrable) including excessive motion, as in isthmic or degenerative spondylolisthesis, surgically induced segmental instability and mechanical intervertebral collapse of the motion segment and advanced degenerative changes after surgical discectomy. 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 include all of the following: (1) All physical medicine and manual therapy interventions are completed; (2) X-rays demonstrating spinal instability and/or imaging demonstrating nerve root impingement correlated with symptoms and exam findings; (3) Spine fusion to be performed at one or two levels; (4) Psychosocial screen with confounding issues addressed; the evaluating mental health professional should document the presence and/or absence of identified psychological barriers that are known to preclude post-operative recovery; (5) Smoking cessation for at least six weeks prior to surgery and during the period of fusion healing; (6) There should be documentation that the surgeon has discussed potential alternatives, benefits and risks of fusion with the patient. Guideline criteria have not been fully

met. This injured worker presents with severe and function-limiting low back pain radiating to both lower extremities, worse on the right. Clinical exam findings were consistent with imaging and electrodiagnostic evidence of nerve root compression at the L5/S1 level. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. Prior laminectomy is documented at the L5/S1 level, along with severe foraminal stenosis, which would suggest the need for wide decompression necessitating fusion at L5/S1. However, the clinical exam, imaging, and electrodiagnostic findings documented in the available records do not support the presence of nerve root compression or significant stenosis at the L2/3 level. There is no evidence of spinal segmental instability at the L2/3 level. Guidelines do not support the XLIF procedure over conventional posterior or transforaminal lumbar interbody fusion. Additionally, there are potential psychological issues with no evidence of a psychosocial screen consistent with guidelines. Therefore, the totality of this request is not medically necessary.