

Case Number:	CM15-0046771		
Date Assigned:	03/19/2015	Date of Injury:	01/19/2014
Decision Date:	05/13/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/12/2015

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: Minnesota, Florida
 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 52 year old female, who sustained an industrial injury on 01/19/2014. She complained of low back injured as a result of repetitive lifting, carrying and bending, and a fall. On provider visit dated 02/03/2015 the injured worker has reported pain that radiates lower back to the lower extremities. The diagnoses have included low back pain and sciatica due to displacement of lumbar disc, degenerative arthropathy of spinal facet joint and spondylolisthesis at L5-S1 level. Treatment to date has included medication, physical therapy, MRI of lumbar spine, x-rays of lumbar spine and injections. On examination she was noted to have decreased range of motion of the thoracic spine, antalgic gait, and lumbar spine tenderness and decreased range of motion. Per documentation recommended surgery with L5-S1 and L4-L5 laminotomy and laminectomy with probable fusion (XLIP fusion with cage and XLP plate L4-L5 and L5-S1, use of allograft, autograft, neuro monitoring and fluoroscopy) since epidural injection treatment did not help symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Laminectomy, laminotomy L4-5, L5-S1, probable fusion with cage and XLP plate, allograft, autograft, nerve monitoring and fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Low Back. Topic: Fusion, endoscopic (XLIF).

Decision rationale: ODG guidelines indicate that endoscopic fusion is not recommended. The requested surgical procedure is XLIF which is a minimally invasive lateral access method. The XLP plate is an anterolateral instrumentation system developed as a part of the extreme lateral interbody fusion system for lateral trans-psoas interbody fusion, an alternative to anterior interbody fusion. 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. A systematic review concluded that there was insufficient evidence of the comparative effectiveness of lumbar lateral interbody fusion or extreme lateral interbody fusion (XLIF) or direct lateral interbody fusion versus conventional posterior lumbar interbody fusion or transforaminal lumbar interbody fusion. As such, XLIF is not recommended by ODG guidelines and the medical necessity of the requested procedure has not been established.