

Case Number:	CM15-0064034		
Date Assigned:	04/10/2015	Date of Injury:	12/02/1992
Decision Date:	05/19/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/03/2015

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 74-year-old male who sustained an industrial injury on 12/2/92. Past surgical history was positive for seven back surgeries, including lumbar laminectomy in 1976, lumbosacral fusion in 1977, L4/5 fusion in 1981, decompression laminectomy of L2/3 in 1986, repeat laminectomy in 1992 and 1996, and L1/2 and L2/3 decompression and fusion on 4/28/14. The 3/2/15 thoracic spine scoliosis study documented old mild anterior wedging of the T11 and T12/L1 vertebral bodies, large transverse process bilaterally at L1, decompression laminectomy L2-L4/5, and posterolateral fusion at L3 through L5. There was anterior wedging of the L2 and L3/4 vertebral bodies, grade 1 retrolisthesis at L2/3 and L3/4, 19 degrees kyphosis at L2/3, and 14 degrees convex right scoliosis at L4. There were advanced chronic degenerative disc disease spondylosis L2/3 and L3/4. Authorization for L1/2, L2/3 and L3/4 extreme lateral interbody fusion with posterior instrumentation and a co-surgeon was submitted on 3/19/15. The 3/26/15 utilization review non-certified the request for L1/2, L2/3, and L3/4 extreme lateral interbody fusion (XLIF) and associated co-surgeon as there were limited physical exam findings correlated to imaging, and there was limited evidence that supported the effectiveness of this specific surgical protocol in addressing the injured worker's current condition and symptoms. The 4/2/15 treating physician report indicated that the injured worker had initially done well following the L1/2 and L2/3 decompression and fusion on 4/28/14. He began to develop significant back pain in August 2014, which was aggravated by sitting and standing. Physical therapy did not relieve his symptoms. He had exhausted all conservative measures such as pain medications, massage therapy, activity modification, and multiple epidural steroid injections. CT myelogram of the

lumbar spine revealed severe collapse and degeneration of the L1/2, L2/3, and L3/4 disc space with scoliosis curvature to the right, and severe multilevel foraminal stenosis. Scoliosis x-rays showed flattened lumbar spine and kyphosis of the thoracolumbar junction with significant sagittal imbalance making his back unstable. The treating physician opined that the sagittal imbalance and severe foraminal stenosis were the cause of his severe back pain and leg symptoms, and recent worsening of his lower extremity numbness and radiculopathy. He was virtually bedridden secondary to mechanical and axial back pain. The treatment plan included T9 and T10 kyphoplasties, posterior T10 to S1A1 screw placement, Smith-Peet osteotomies at L1/2, L2/3, L3/4, L4/5 and L5/S1 with combined L1/2, L2/3, and L3/4 extreme lateral interbody fusion (XLIF). A co-surgeon would be reported for placement of the instrumentation. The 4/10/14 peer-to-peer review overturned the prior non-certification and approved the request for L1/2, L2/3 and L3/4 extreme lateral interbody fusion with posterior instrumentation and co-surgeon.

IMR ISSUES, DECISIONS AND RATIONALES

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

L1-2, L2-3, L3-4 Extreme Lateral Interbody Fusion with Posterior Instrumentation:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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); 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. There was no rationale presented by the treating physician to support the medical necessity of an XLIF for this injured worker over conventional posterior lumbar interbody fusion or transforaminal lumbar interbody fusion to warrant an exception to guidelines. Therefore, this request is not medically necessary.

Associated Surgical Service: Co-Surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

