

<b>Case Number:</b>	CM15-0065215		
<b>Date Assigned:</b>	04/13/2015	<b>Date of Injury:</b>	06/25/2013
<b>Decision Date:</b>	05/19/2015	<b>UR Denial Date:</b>	03/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2015

### 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 55-year-old male who sustained an industrial injury on 6/25/13, relative to a motor vehicle accident. Past surgical history was positive for L4/5 laminectomy in 1987, lumbar fusion L3-L5 with hardware in 2010, and discectomy and fusion at L2/3 in 2012. Records documented a 12/12/14 lumbar spine MRI that demonstrated L3-5 pseudomeningocele 2.5 x 1.1 x 4.3 cm (unchanged), and L1/2 facet arthropathy. The 12/23/15 treating physician report cited low back and right anterior thigh and lateral leg pain. He reported numbness, tingling and weakness of the right leg. Right leg symptoms included the anteromedial thigh (L2) and lateral leg (L5). She was status post right L2/3 transforaminal epidural steroid injection and right piriformis injection on 11/5/14. He has not been able to drive to work or sit for more than one hour. He was having trouble concentrating due to pain and medications. Physical exam documented 3+/5 motor strength of the right leg, atrophy of the right leg, no sensation in the right leg but for the calf, and absent right leg reflexes. There was functional range of motion with pain worsened in all movement and tenderness to palpation over the bilateral piriformis muscles. Straight leg raise was positive bilaterally. Authorization was requested for XLIF (extreme lateral interbody fusion) at T12/L1. The diagnosis was lumbar radiculopathy and bilateral piriformis muscle spasms. He was off work. The 3/5/15 utilization review non-certified the request for XLIF at T12/L1-due to lack of psychosocial screen and no detailed evidence of spinal instability.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**XLIF at T12-L1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**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. Guideline criteria have not been met. This patient presents with worsening low back and right anterior thigh and lateral leg pain with numbness, tingling, and weakness. Clinical exam findings are consistent with nerve root compression but there is no clear imaging evidence of neural compression at the T12/L1 documented. There is no radiographic evidence of spinal segment instability documented. There is no psychosocial evaluation and clearance for surgery evidenced. Additionally guidelines do not support the use of an XLIF over a conventional posterior lumbar interbody fusion or transforaminal lumbar interbody fusion. Therefore, this request is not medically necessary.