

<b>Case Number:</b>	CM15-0091510		
<b>Date Assigned:</b>	05/15/2015	<b>Date of Injury:</b>	01/11/2001
<b>Decision Date:</b>	06/30/2015	<b>UR Denial Date:</b>	04/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/11/2015

### 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 65 year old female with an industrial injury dated 1/11/2001. The injured worker's diagnoses include clinical evidence of left L4-5 radiculopathies with marked weakness and sensory loss, left quadriceps atrophy, progressive symptoms with bilateral lower extremity neurogenic and L2 to L5 degenerative scoliosis and spondylolisthesis at L3-4 and L4-5 with L2 to L5 lumbar stenosis. Treatment consisted of MRI of the lumbar spine, physical therapy, chiropractic care, 6 epidural injections, prescribed medications, and periodic follow up visits. In a progress note dated 3/27/2015, the injured worker reported chronic low back pain and progressive bilateral lower extremity radicular leg pain with left lower extremity paresthesia and atrophy. Objective findings revealed positive straight leg raises on the left, left calf atrophy, weakness of the left quadriceps and absent left ankle jerk and knee jerk. Magnetic Resonance Imaging (MRI) of the lumbar spine dated 1/9/2015 revealed left paracentral L2-3 disc extrusion, central stenosis at L2-L5, facet arthropathy at L2-L5, disc bulging at T10-12 causing cord contact, anterolisthesis at L2-5 and scoliosis. The treating physician reported that the injured worker has failed extensive conservative care and prescribed services for Stage 1 XLIF (extreme lateral interbody fusion) L2-5, Stage 2: Laminectomies with Instrumented Fusion L2-5 and Inpatient Length of Stay Quantity: 5 now under review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

### **Stage 1 XLIF L2-5: 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 ODG: Section: Low Back, Topic: XLIF.

**Decision rationale:** ODG guidelines do not recommend extreme lateral interbody fusion (XLIF). It has a unique set of complications including neural injuries, psoas weakness, and thigh numbness. Additional studies are required for further evaluation and monitoring of the short and long-term safety, efficacy, outcomes, and complications. As such, the medical necessity of the request has not been substantiated and the request is not medically necessary.

### **Stage 2: Laminectomies with Instrumented Fusion L2-5: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307 and 310.

**Decision rationale:** California MTUS guidelines indicate that there is no scientific evidence about the long-term effectiveness of any form of surgical decompression or fusion for degenerative lumbar spondylosis compared to the natural history, placebo or conservative treatment. There is no good evidence from controlled trials that spinal fusion alone is effective for treating any type of acute low back problem, in the absence of spinal fracture, dislocation or spondylolisthesis if there is instability and motion in the segment operated on. It is important to note that although it is being undertaken, lumbar fusion in patients with other types of low back pain very seldom cures the patient. The guidelines do not recommend spinal fusion in the absence of fracture, dislocation, complications of tumor, or infection. Furthermore, ODG guidelines do not recommend XLIF which was to be performed as the first stage of a two stage procedure. As such, the medical necessity of the request has not been substantiated.

### **Inpatient Length of Stay Qty 5: 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.