

Case Number:	CM13-0014155		
Date Assigned:	11/06/2013	Date of Injury:	01/15/2010
Decision Date:	01/17/2014	UR Denial Date:	08/13/2013
Priority:	Standard	Application Received:	08/20/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant is a 51-year-old female who was injured January 10, 2010 sustaining injury to the lumbar spine. The clinical records for review indicate the claimant has previously undergone surgical process in the form of a significant three level L3 through S1 lumbar fusion. The recent clinical reports available for review include imaging in the form of a CT scan of the lumbar spine from January 31, 2013 citing postoperative changes seen from L3-4 through L5-S1 with no evidence of solid fusion boney fusion noted at any of the three operative levels performed. There was also noted to be a broad based central protrusion at L1-2. Postoperative electrodiagnostic studies from February 5, 2013 showed evidence of a chronic left L5 radiculopathy and no other significant findings. The claimant's most recent clinical assessment dated August 16, 2013 stated a request for revision surgical procedure has not yet been accomplished. The claimant continues to be with moderate to severe pain to the lumbosacral spine limiting her activities. She has no generalized weakness with examination showing tenderness to palpation of the lumbar spine, restricted range of motion, a healed incision, no motor or sensory deficit and equal or symmetrical deep tendon reflexes. It indicates at that time that no additional radiographic studies were performed. The claimant was diagnosed with pseudoarthrosis at the prior surgical levels of L3-4, L4-5 and L5-S1 from surgical process January 10, 2012. At that time [REDACTED] recommended request for revision fusion procedure to include removal of prior hardware, exploration and repair of pseudoarthrosis with a three inpatient length of stay.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for removal of retained pedicle screw fixation system L3 to the sacrum exploration of the fusion and possible repair of pseudoarthrosis with pedicle screw fixation and bone graft: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Procedure Summary and Milliman Care Guidelines Inpatient and Surgical Care, 12th Edition.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Worker's Comp, 18th Edition, 2013 Updates: Low Back Procedures

Decision rationale: The claimant is nearly two years from time of prior fusion with documentation of pseudoarthrosis at three surgical levels for which fusion was performed L3-4, L4-5 and L5-S1. The hardware removal is not recommended for the routine removal of hardware except in cases of broken hardware or persistent pain after ruling out other causes such as infection and nonunion. In this case, the claimant is with clear diagnosis of a nonunion. The role of hardware removal for further definitive care and revision process to the lumbar spine would appear to be medically necessary. Based on California ACOEM Guidelines, revision repair of pseudoarthrosis and pedicle screw fixation also appears warranted. The California ACOEM Guidelines does recommend the role of fusion in the setting of spinal fracture, dislocation and evidence of clinical instability. In this case, the claimant's unique presentation is that of pseudoarthrosis with no boney union noted at the three surgical levels performed in early 2012. Given the claimant's clear understanding of lack of progression of fusion, continued axial complaints and failure of conservative care, the role of revision process would appear to be medically necessary

Inpatient two (2) to three (3) day stay: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Procedure Summary and Milliman Care Guidelines Inpatient and Surgical Care, 12th Edition.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Official Disability Guidelines Treatment in Worker's Comp, 18th Edition, 2013 Updates: Low Back Procedure- Fusion

Decision rationale: California MTUS Guidelines are silent. When looking at Official Disability Guideline criteria, three day hospital stay would be warranted. Guideline criteria would recommend the role of a three day inpatient hospital stay for a lumbar fusion procedure. The request is in line with clinical Guidelines to support its need at present.