

Case Number:	CM13-0023819		
Date Assigned:	11/15/2013	Date of Injury:	09/18/2009
Decision Date:	01/28/2014	UR Denial Date:	08/23/2013
Priority:	Standard	Application Received:	09/13/2013

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 Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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.

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 claimant is a 55-year-old male with a reported date of injury of 05/03/2003 and 09/18/2009. The mechanism of injury for the 09/18/2009 incident was described as descending truck steps when his left foot stepped on a screw and twisted, and he lost his balance and fell. An MRI of the lumbar spine dated 10/24/2012 revealed interbody fusion at the level of L4-S1, as well as a posterior fusion with pedicle screws seen at the same levels, demonstrating no significant interval change. A subsequent MRI dated 03/19/2013 revealed an interbody fusion at the level of L4-S1, as well as the posterior fusion with pedicle screws in satisfactory alignment. He was seen back in clinic on 09/11/2013 and it was noted then that the impression was that he was painful at the hardware at his previous fusion at L4-5 and L5-S1. A request had been made for a hardware block at that time. Diagnosis includes status post fusion L4-5 and L5-S1, and the plan going forward was to proceed with the surgery for re-exploration of the fusion and hardware removal at L4-5 and L5-S1 with a 1 day length of stay, with pre-op medical clearance, purchase of an LSO brace, and a repeat CT scan preoperatively.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgery: Re-exploration of fusion and hardware removal at L4-5 and L5-S1, 1 day LOS:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter, hardware removal, fusion, hospital length of stay.

Decision rationale: The most recent clinical note states that a hardware block had been requested. MTUS/ACOEM, chapter 12, states there should be "Clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair... Before referral for surgery, clinicians should consider referral for psychological screening to improve surgical outcomes, possibly including standard tests such as the second edition of the Minnesota Multiphasic Personality Inventory (MMPI 2). In addition, clinicians may look for Waddell signs during the physical exam." ODG, low back chapter, in support of MTUS/ACOEM, states, in regards to hardware removal, "Not recommend the routine removal of hardware implanted for fixation, except in the case of broken hardware or persistent pain, after ruling out other causes of pain such as infection and nonunion." The submitted medical records do not indicate that this patient has had a hardware block to specifically identify the hardware at L4-5 and L5-S as his pain generators. There is no evidence of a pseudoarthrosis or hardware malfunction at this time. Lacking objective evidence that the hardware is a pain generator, and lacking objective evidence that the hardware is malpositioned or loose, and lacking documentation that there is a pseudoarthrosis or other reason for re-exploration of the fusion, this request is not considered medically necessary. The request includes 1 day length of stay; and as the request for surgery is not considered medically necessary, 1 day length of stay is also not considered medically necessary

Pre-op medical clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACC/AHA 2007 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 chapter, preop evaluation.

Decision rationale: MTUS/ACOEM does not specifically address. ODG, low back chapter states "An alternative to routine preoperative testing for the purpose of determining fitness for anesthesia and identifying patients at high risk of postoperative complications may be to conduct a history and physical examination, with selective testing based on the clinician's findings. However, the relative effect on patient and surgical outcomes, as well as resource utilization, of these two approaches is unknown." The medical records fail to demonstrate that the hardware is the pain generator for this claimant, and the surgical intervention is not considered medically necessary at this time. Therefore, there would be no need for a pre-op evaluation. Therefore, this request is non-certified.

DME: LSO brace purchase:

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: MTUS/ACOEM, chapter 12, states "Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." This request is for a lumbar support. The records do not indicate this claimant is in the acute phase of his injury. The surgical intervention is not considered medically necessary at this time. The records do not indicate any significant weakness for which a lumbar support would be considered reasonable. Therefore, this request is not considered medically necessary and is non-certified.

Repeat CT scan pre-operatively: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Minnesota Rules, Parameters for Medical Imaging.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: MTUS/ACOEM chapter 12 states "Imaging studies should be reserved for cases in which surgery is considered or red flag diagnoses are being evaluated." The records indicate that an MRI and a previous CT had been performed, apparently showing on significant abnormalities at the fusion site at L4-5 and L5-S1. The guidelines do state that a CT would be considered reasonable if surgery was to be performed, but the surgery itself is not medically necessary at this time. A rationale for a CT scan at this time is not provided by the medical records, and this request is non-certified.