MAXIMUS Federal Services

Case Number:	CM13-0024330		
Date Assigned:	11/20/2013	Date of Injury:	01/12/2006
Decision Date:	01/29/2014	UR Denial Date:	09/12/2013
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 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 44-year-old gentleman injured in work related accident 01/18/06. Specific to his low back, it is noted that since time of injury and failed conservative care, he underwent a two level lumbar procedure in the form of L5-S1 fusion and an L4-5 artificial disc replacement procedure. Recent clinical records for assessment include: a 02/07/13 computed imaging (CT) scan of the lumbar spine revealing postoperative changes with foraminal narrowing still noted at the L4-5 and L5-S1 level. A 04/12/13 magnetic resonance imagin (MRI) of the lumbar spine showed postsurgical changes with a small fluid collection surrounding the soft tissue of the L5-S1 disc space and a 08/06/13 CT scan of the pelvis revealing no signs of osteolysis, hardware changes, or findings. Last clinical assessment on 08/14/13 indicated low back pain and abdominal pain citing his concern for possible infection from recent dental abscess. He showed a slow restricted gait with the use of a cane during examination with 4/5 strength to hip flexors. He diagnosed the claimant with failed fusion at L5-S1 status post two level procedure that also included an L4-5 disc replacement. He continued with medication management. At present there is a request for a revision procedure to be performed at the L5-S1 level. Current records do no support further imaging or documentation of issue at the L5-S1 level.

IMR ISSUES, DECISIONS AND RATIONALES

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

L5-S1 spinal fusion, QTY:1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307.

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

Decision rationale: When looking at clinical records and the California ACOEM Guidelines, the need for revision fusion procedure in this case cannot be supported. The clinical records do not document specific issue at the L5-S1 level that would indicate a pseudoarthrosis or nonunion for which revision procedure would be indicated. While the claimant is noted to be with continued complaints of pain, a lack of documentation of evidence of recurrent instability, hardware issue, or malunion would fail to necessitate the role of the surgical process in question.

Posterior instrumentation, QTY 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back Section.

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

Decision rationale: When looking at clinical records and the California ACOEM Guidelines, the need for revision fusion procedure in this case cannot be supported. Clinical records do not document specific issue at the L5-S1 level that would indicate a pseudoarthrosis or nonunion for which revision procedure would be indicated. While the claimant is noted to be with continued complaints of pain, a lack of documentation of evidence of recurrent instability, hardware issue, or malunion would fail to necessitate the role of the surgical process in question.

Autograft, QTY 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307.

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

Decision rationale: When looking at clinical records and the California ACOEM Guidelines, the need for revision fusion procedure in this case cannot be supported. Clinical records do not document specific issue at the L5-S1 level that would indicate a pseudoarthrosis or nonunion for which revision procedure would be indicated. While the claimant is noted to be with continued complaints of pain, a lack of documentation of evidence of recurrent instability, hardware issue, or malunion would fail to necessitate the role of the surgical process in question.

Posterior spinal decompression, QTY 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305.

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

Decision rationale: When looking at clinical records and the California ACOEM Guidelines, the need for revision fusion procedure in this case cannot be supported. Clinical records do not document specific issue at the L5-S1 level that would indicate a pseudoarthrosis or nonunion for which revision procedure would be indicated. While the claimant is noted to be with continued complaints of pain, a lack of documentation of evidence of recurrent instability, hardware issue, or malunion would fail to necessitate the role of the surgical process in question.

Lumbar laminectomy, QTY 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305.

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

Decision rationale: When looking at clinical records and the California ACOEM Guidelines, the need for revision fusion procedure in this case cannot be supported. Clinical records do not document specific issue at the L5-S1 level that would indicate a pseudoarthrosis or nonunion for which revision procedure would be indicated. While the claimant is noted to be with continued complaints of pain, a lack of documentation of evidence of recurrent instability, hardware issue, or malunion would fail to necessitate the role of the surgical process in question.

Pre-operative medical clearance, QTY 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305,307.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), pg. 127.

Decision rationale: Based on California ACOEM Guidelines the need for preoperative medical clearance would not be indicated as the role of operative intervention in this case has not yet been established. In addition, since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Assistant surgeon, QTY 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305,307.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation : Milliman Care Guidelines 17th edition: Assistant surgeon, and Assistant Surgeon Guidelines (Codes 21810 to 22856)

Decision rationale: The MTUS guidelines are silent about this issue. When looking at Milliman care, the guidelines for the role of an assistant surgeon would be indicated for a revision fusion procedure being requested; however, the need for operative intervention has not yet been established and as such the assistant surgeon would not be indicated

Bone stimulator, QTY 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Worker's Comp , 18th Edition, 2013 Updates: Low back procedure, Bone growth stimulators (BGS).

Decision rationale: The MTUS guidelines are silent about this issue. When looking at Official Disability Guidelines (ODG) Guidelines., bone growth stimulators would be indicated in the setting of a revision fusion procedure; however, the need for operative intervention in this case has not been established thus negating the need for the bone growth stimulator as requested.