MAXIMUS Federal Services

Case Number:	CM13-0026696		
Date Assigned:	11/22/2013	Date of Injury:	05/12/1995
Decision Date:	02/03/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	09/20/2013

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, Connecticut, and Pennsylvania. 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 patient is a 73-year-old injured worker who injured their low back on May 05, 1995. Recent clinical assessments for review include a progress report by [redacted]., dated December 19, 2013, which is a supplemental report reviewing a denial of recent utilization review that had requested an incision and drainage of a pseudomeningocele. He indicates that a prior MRI of May 2013 showed evidence of prior lumbar fusion from L2 through L5 with laminectomy. He indicates that a previous assessment by [redacted] from 08/16/13 stated the claimant complains of dull, aching pain to the lumbar spine radiating to the left. Examination showed a well healed scar, moderate tenderness to palpation, moderate facet tenderness, sacroiliac joint tenderness, and positive Faber's and sacroiliac thrust testing. There was also noted to be restricted range of motion. At that time, [redacted] had recommended incision and drainage of a pseudomeningocele given the claimant's ongoing clinical findings. Further physical examination findings were not documented. There is a request for incision and drainage of the pseudomeningocele as stated. Formal review of the MRI scan does demonstrate documentation of a well defined fluid collection to the deep musculature of the lumbar spine just posterior to the cal sac extending from L2 through L4 roughly 50 mm in length representing a pseudomeningocele.

IMR ISSUES, DECISIONS AND RATIONALES

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

Incision and drainage of the pseudomeningocele: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Spinal Pseudomeningocele and Cerebreospinal Fluid Fistulas-medscape.com.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): s 305-307. Decision based on Non-MTUS Citation Postoperative Pseudomeningocele with Digital Subtraction Myelography C. Douglas Phillipsa,c, George J. Kaptaind and Nasser Razackb.

Decision rationale: Based on the Orthopedic Literature Review, as well as California MTUS Guidelines, the role of the pseudomeningocele would be supported if evidence of dural leak is noted to be significantly symptomatic. Records in this case, however, do not give signs or symptoms consistent with dural leaking or symptomatic pseudomeningocele based on the clinical presentation. The claimant has undergone multiple prior fusion procedures with current examination failing to demonstrate significant clinical presentation of spinal column leak symptoms. The acute need of this process at this stage in the claimant's chronic clinical course of care would not be indicated. The request for incision drainage of the pseudomeningocele is not medically necessary and appropriate.