

Case Number:	CM13-0027139		
Date Assigned:	11/22/2013	Date of Injury:	09/25/2006
Decision Date:	01/23/2014	UR Denial Date:	09/19/2013
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 Orthopaedic Surgery, and is licensed to practice in California, Connecticut, 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 64-year-old gentleman who was injured in a work related accident on 09/25/06. Specific to his lumbar spine, records indicate a prior history of lumbar fusion on 04/17/12 performed at the L4-5 and L5-S1 level. A recent 09/13/13 CT scan of the lumbar spine demonstrated prior fusion at L4-5 and L5-S1 with documentation of healing process noted. There is an 8 mm anterior listhesis of L5 on LS1 with mild bilateral L5-S1 foraminal encroachment. Recent clinical assessment of 09/24/13 electrodiagnostic studies to the lower extremities showed studies to be within normal limits to the lower extremities with no documentation of acute electrodiagnostic findings. Follow up assessment of 09/26/13 with [REDACTED], indicated continued complaints of low back with radiating left leg pain with examination showing positive straight leg raising and no other particular findings. Reviewed at that date was recent imaging that has just been discussed. Surgical intervention in the form of exploration of fusion with removal of hardware if necessary at the L4-5 and L5-S1 level was recommended for further definitive care.

IMR ISSUES, DECISIONS AND RATIONALES

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

Exploration of spinal fusion: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

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 procedure, Hardware implant removal (fixation).

Decision rationale: California MTUS Guidelines indicate that surgery is supported in the presence of clear clinical evidence of a lesion that has been shown to benefit from surgical intervention. When looking at Official Disability Guidelines criteria, the role of hardware removal for implant fixation or fusion fixation is only indicated in situations where hardware is noted to be the source of the claimant's persistent complaints of pain after ruling out other causes. Records in this case lack any indication of pseudoarthrosis or malunion at the prior fusion site. In the absence of imaging evidence of hardware failure the requested surgical intervention would not be considered as medically necessary.