MAXIMUS Federal Services

Case Number:	CM13-0034751		
Date Assigned:	12/11/2013	Date of Injury:	04/02/2007
Decision Date:	01/31/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	10/15/2013

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 New Hampshire, New York and Washington. 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 has a date of injury of April 2, 2007. She slipped and fell and injured her back. The MRI performed in 2007 revealed degenerative abnormalities at L4-5. The patient was treated with physical therapy and medications. The patient also had epidural steroid injections. The patient reports chronic low back pain with increasing pain radiating down the leg all the way her foot. The patient underwent laminectomy discectomy at L4-5 and L5-S1 on March 20, 2009. The patient underwent revision lumbar laminectomy and fusion with spinal stabilization using instrumentation on January 7, 2011. The EMG studies in July 27, 2011 show chronic left L5 radiculopathy. The CT myelogram was performed on July 7, 2011 and there is equivocal evidence of fusion. There is discrepancy in the surgeon versus radiology reading. The radiology reading does not confirm the presence of pseudoarthrosis with significant spinal stenosis. The CT myelogram does show extensive scar tissue within the subcutaneous soft tissues and postsurgical changes at L4-5 and L5-S1. The patient has a history of postoperative radiculitis with possible incomplete fusion. The patient has a diagnosis of pseudoarthrosis at L4-5 and L5-S1 with lateral displacement of the L5 pedicle screw. The patient has been diagnosed with failed back surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

revision and posterior spinal fusion with a presacral interbody screw at L4-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Pain Chapter.

Decision rationale: This patient does not meet established guidelines for revision spinal surgery. Specifically the medical records do not include an imaging study that clearly documents the presence of pseudoarthrosis, nonunion or hardware failure migration. Both the surgeon and the radiologist must document the presence of pseudoarthrosis and hardware migration. The radiologist does not document failure fusion or hardware migration. Revision surgical intervention is not medically necessary as criteria are not met. There is no radiologist documentation of imaging demonstrating pseudoarthrosis.In addition there is no documentation of specific radiculopathy that corresponds to severe specific nerve root compression on an imaging study thus necessitating lumbar decompressive surgery. The radiologist read of the 2011 CT myelogram does not confirm severe stenosis. Also, there is no documentation of spinal instability or of a red flag condition necessitating fusion. The revision spinal surgery criteria are not met.

replacement of posterior hardware: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Pain Chapter.

Decision rationale: There is no medical necessity for placement of posterior hardware. The medical records do not contain a specific imaging study read by radiologist documenting movement or improper placement of the instrumentation. The criteria for revision surgery are not met.

bilateral revision foraminotomies and neurolysis with resections of boney hyperostosis at the bilateral L4-L5 and L5-S1 levels: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Pain Chapter.

Decision rationale: The patient does not to established guidelines for revision spinal decompression. Specifically there is no imaging study demonstrating severe spinal stenosis that

corresponds with a physical exam finding of a specific radiculopathy. The criteria for revision decompressive surgery not met. The official reading of an imaging study by the radiologist must confirm the presence of spinal stenosis in the region of her nerve root with a corresponding physical exam deficit.

Post operative physical therapy two times a week for six weeks to the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Home health care for two weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

LSO brace: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

walker: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

hot/cold therapy unit: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

bone stimulator: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Pre-operative medical clearance with internist: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

inpatient hospital stay 3-4 days: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

A CT scan of the lumbar spine: 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).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: A repeat CT scan of the lumbar spine is medically necessary in this case. If there is a clinical question of failure of fusion, the radiologist can reread the CT myelogram from 2011. The radiologist did not report failure of fusion on the study. The CT scan is the imaging study of choice to ascertain whether fusion is present. The patient has chronic back pain and radiculitis. However, there is no clear documentation of a distinct change in her symptoms since the previous 2011 CT myelogram. Therefore, guidelines for repeat CT scan are not met as there is no clinically relevant change in the patient's symptomatology.

assistant surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.