

Case Number:	CM13-0034875		
Date Assigned:	12/11/2013	Date of Injury:	02/01/2007
Decision Date:	03/28/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/15/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in New York. 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 expert 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 50-year-old male with a date of injury of February 1, 2007. He sustained injury to his back while lifting a tow bar. The patient complains of chronic back pain. He had conservative care and then underwent artificial disc surgery at L3-4 and L4-5 with a lumbar fusion of L5-S1 in November 2010. The patient had a second procedure in November 2012 to revise the L5-S1 fusion. The patient continues to complain of pain and dysfunction. Radiculopathy on physical examination is not clearly documented. The CT scan performed in June 2013 showed degenerative changes from T11-L3 levels with artificial discs at L3-4 and L4-5 and fusion of L5-S1. At L3-4 and L4-5 the neuroforamen were noted to be normal with normal facet joints. At issue is whether revision spinal surgery is medically necessary at this time.

IMR ISSUES, DECISIONS AND RATIONALES

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

**ANTERIOR SPINAL FUSION L3-5 WITH REMOVAL OF PRODISC-L, L3-S1
REVISION POSTERIOR SPINAL FUSION WITH ASSISTANT SURGEON: Upheld**

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): s 306-307.

Decision rationale: This patient does not meet the established criteria for fusion surgery in the lumbar spine. Specifically, there is no documented instability or failure of the previous fusion. The patient's most recent lumbar spine MRI does not show any evidence of significant neurologic compression at the operative levels. In addition, there is no fracture, tumor, instability, or progressive neurologic deficit. The patient had previous artificial disc surgery. The most recent imaging study does not show evidence of significant degenerative changes in the region of the artificial discs. In addition, there is no documented problem or evidence of loosening or instability with the artificial discs in the patient's lumbar spine. Multiple level revision fusion surgery for patients with chronic axial back pain is not likely to be more successful than conservative measures for the treatment of low back pain. This patient's medical records do not show any of the necessary criteria for lumbar fusion. Therefore, the requested services are not medically necessary or appropriate at this time.