

Case Number:	CM13-0040826		
Date Assigned:	12/20/2013	Date of Injury:	11/01/2010
Decision Date:	02/28/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	10/29/2013

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 is a 55-year-old male with a date of injury of November 1, 2010. The patient has chronic low back pain. A CT scan from April 2013 shows status post previous lumbar surgery with instrumentation and mild degenerative changes at L1 to with spondylolisthesis at L23 and L3-4. The patient has degenerative changes in the lumbar spine. There degenerative changes in the thoracic spine with mild wedging of the T11 vertebral body. A physical exam from June 2013 indicates postsurgical pain syndrome. The patient has reduced range of lumbar motion. Straight leg raising causes pain. There is some diminished sensation over the lateral leg and thigh on the left. Reflexes are 1+ at the ankles. There is a question of screw movement from the surgery. Scoliosis films demonstrate sagittal malalignment of 10cm possible sagittal balance. There is significant kyphosis above the fusion. Lumbar lordosis is 24° and pelvic incidence is 55°. The patient's CT scan was noted to be of poor quality; it is unable to determine if there is a solid fusion present. EMG/NCS studies were unremarkable. The patient has been diagnosed with flatback and sagittal deformity with possible hardware failure.

IMR ISSUES, DECISIONS AND RATIONALES

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

T10-pelvic laminectomy, PSO vertebroplasty T9-T10: Upheld

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

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

Decision rationale: The patient's history indicated that he had a discectomy in July 2000, and he still complained of pain and disability. He had a fusion from L2-S1 in April 2012, and continued to do poorly. The medical records indicate that he has increasingly severe pain. There are no red flag indicators for spinal surgery such as fracture, tumor, or progressive neurologic deficit. The imaging studies do not demonstrate any evidence of severe compression of the nerve root. There is a question of pseudarthrosis or infection, but the imaging studies and exam and medical records do not clearly document this. The patient has a decreased range of motion, but no obvious radiculopathy. There is give way weakness with sagittal deformity. Most importantly however, is the fact that there is no evidence of her recent comprehensive nonoperative treatment protocol. There is no documentation that the patient has had a substantial trial of conservative measures to include physical therapy. The patient is not failed adequate nonoperative treatment. In addition, the pathology is not clearly documented. Extensive spinal reconstructive surgery is not medically necessary at this time and criteria for the surgery are not met. The request is not certified.

cosurgeon: 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.

7 day inpatient stay: 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.