

Case Number:	CM13-0048005		
Date Assigned:	12/27/2013	Date of Injury:	04/17/2009
Decision Date:	05/08/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	11/04/2013

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 male with chronic low back pain. He is status post multiple level lumbar spine fusion at L3-4, L4-5 and L5-S1. The surgery was performed in January 2011. He is status post lumbar spine fusion revision with instrumentation in February 2012. He is also status post decompression and discectomy with posterior lateral bone graft fusion and pedicle screws at L3-S1 with the date not documented. The patient continues to have chronic back pain. MRI lumbar spine from December 2012 documents previous posterior spinal fusion at L3-S1 levels. There is a question of a hematoma on the MRI. Lumbar x-ray from December 2012 documents evidence of previous spinal fusion surgery. Bony fusion is noted bilaterally at L3-4 L4-5. CT from December 2012 documents previous spinal surgery and fusion at L3-4 L4-5 and L5. There is no evidence of fracture or loosening of the screws which are noted to be in satisfactory position. At issue is whether spinal surgery to explore the fusion mass is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

REVISION/EXPLORATION OF PRIOR FUSION LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation OTHER MEDICAL TREATMENT GUIDELINE OR MEDICAL EVIDENCE

Decision rationale: According to Low Back Complaints ACOEM Guidelines, this patient does not meet established criteria for revision lumbar surgery and fusion mass exploration. Specifically, none of the imaging studies document established pseudarthrosis or failure fusion. The patient's CAT scan of the lumbar spine does not demonstrate evidence of loose hardware broken hardware. Imaging studies in the medical records do not document failure of fusion. Since there is no evidence of failure of fusion, failure of hardware, or pseudarthrosis documented in the medical records on any imaging study read by radiologist, established criteria for fusion exploration surgery are not met and this surgery is not medically necessary.