

Case Number:	CM13-0050544		
Date Assigned:	12/27/2013	Date of Injury:	09/27/2008
Decision Date:	03/18/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	11/13/2013

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, has a subspecialty in Spine Surgery and is licensed to practice in California. 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 38-year-old female who reported an injury on 09/27/2008. The mechanism of injury was noted to be the patient was assisting a passenger that had fallen out of their wheelchair back into the chair when she felt a sharp pain immediately in her low back. The patient underwent an L4-5 far lateral decompression including discectomy, facetectomy, and laminectomy and left-sided L5-S1 far lateral laminotomy/facetectomy on 04/22/2009. The patient additionally had further surgery on 08/25/2009. The surgery included an L4-5 and L5-S1 posterior spinal fusion, transforaminal lumbar interbody fusion, and far lateral transforaminal transfacet decompression of neural elements including laminectomy/facetectomy, resection of perineural scar tissue, pin/screw distraction for correction of spinal alignment, and posterolateral fusion on 08/25/2009. The patient treatment included physical therapy, sacroiliac joint injections, epidural steroid injections, and bilateral piriformis trigger point injections. The most recent MRI dated 08/13/2013 revealed there are postsurgical changes from a posterior spinal fusion, transforaminal lumbar interbody fusion, posterolateral fusion, and left-sided laminectomy/facetectomy at L4-5 and L5-S1 levels. There was scar tissue in the left lateral recess at the L5-S1 level surrounding the left central S1 nerve root. There was adjacent level degeneration above the fusion at L3-4 where there was degenerative disc disease including a 2 mm right foraminal protrusion which caused mild right neural foraminal narrowing and abutted the right exiting L3 nerve root in the lateral aspect of the right neural foramen. There was mild central canal stenosis at L3-4 since the prior MRI on 10/28/2008. There was bulging of the annulus to the left posterolaterally by 2 mm at the L2-3 level which developed since the prior MRI on 10/28/2008. The patient had a recent x-ray per the most recent physical examination which revealed the patient had the S1 pedicle screw on the left that fractured midshaft. The fusion was noted to appear to be solid from L4-S1. The patient's diagnosis was noted to be

hardware failure stenosis and lumbar degenerative disc disease. Treatment plan was to remove the instrumentation from L4 to S1 including the broken screw, exploration of the fusion which appears to be solid, and possible redo laminectomy and resection of perineural fibrosis. It further stated the right L4 pedicle screw was slightly lateral although clearly still in the bone and not near neural elements and there was a fracture per x-ray of the pedicle screw on the left midshaft at S1 segment. The review of systems indicated the patient was positive for frequent swelling and inflammation or stiffness of the joints.

IMR ISSUES, DECISIONS AND RATIONALES

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

Removal of instrumentation at L4-S1: 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), Low Back Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back Chapter, Hardware Removal

Decision rationale: Official Disability Guidelines do not recommend routine removal of hardware implanted for fixation except in the case of broken hardware or persistent pain after ruling out other causes of pain such as infection or non-union. The clinical documentation submitted for review failed to support necessity for hardware removal. The x-ray indicated the S1 pedicle screw on the left had fractured midshaft and the physician had a suspicion this was the source of some of the patient's pain and the right L4 pedicle screw was noted to be slightly lateral, although clearly still in the bone and not near neural elements. There was lack of documentation indicating the physician performed testing to support that the S1 pedicle screw was the source of some of the patient's pain. As such, the request for removal of instrumentation at L4-S1 is not medically necessary.

Exploration at L4-S1: Upheld

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

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

Decision rationale: ACOEM Guidelines indicate surgical consultations are supported for patients with severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies, preferably with accompanying objective signs of neural compromise, activity limitations due to radiating leg pain, or extreme progression of lower leg symptoms, clearly clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both the short-term and long-term from surgical repair, and failure of conservative treatment to resolve disabling radicular symptoms. The clinical documentation

submitted for review indicated that the patient had an x-ray which revealed the fusion appeared to be solid from L4 to S1. An exploration at these levels could disturb the previous fusion. There was a lack of documentation of exceptional factors to support the requested procedure. Given the above, the request for exploration at L4-S1 is not medically necessary.

A posterior spinal fusion at L4-S1: 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): 306-307. Decision based on Non-MTUS Citation ODG, Low Back Chapter, Fusion

Decision rationale: ACOEM Guidelines indicate surgical consultations are supported for patients with severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies, preferably with accompanying objective signs of neural compromise, activity limitations due to radiating leg pain, or extreme progression of lower leg symptoms, clearly clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both the short-term and long-term from surgical repair, and failure of conservative treatment to resolve disabling radicular symptoms. They further state that patients with increased spinal instability (not work-related) after surgical decompression at the level of degenerative spondylolisthesis may be candidates for fusion. The clinical documentation submitted for review indicated that the patient had an x-ray which revealed the fusion appeared to be solid from L4 to S1. There was a lack of documentation of exceptional factors to support the requested procedure. Given the above, the request for a posterior spinal fusion at L4-S1 is not medically necessary.

Postoperative physical therapy: 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 box island bandage: 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 items/services are medically necessary.

A lumbar back 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 items/services are medically necessary.