MAXIMUS Federal Services

Case Number:	CM13-0054397		
Date Assigned:	12/30/2013	Date of Injury:	03/01/2012
Decision Date:	04/09/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	11/19/2013

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 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:

This patient sustained an injury to the lumbar spine in a work-related accident on 3/1/12. The clinical records available for review revealed a report of a CT scan of the lumbar spine dated August 2013 that showed the claimant was status post an L5-S1 posterior decompression and interbody fusion without evidence of hardware complication with continued neuroforaminal spinal stenosis at multiple levels. An MRI report dated 9/23/13 showed at the L3-4 level a 3 millimeter disc bulge with moderate bilateral foraminal stenosis and at the L4-5 level no significant disc pathology, facet hypertrophy, only mild bilateral neuroforaminal narrowing. Post-surgical changes at the L5-S1 level were also noted. The records also documented that the claimant underwent bilateral sacroiliac joint injections under fluoroscopic guidance on 9/24/13. Follow up assessment dated 11/7/13 with [redacted], nurse practitioner, documented that the claimant was being evaluated for hardware removal and two-level fusion from L3 through L5. Physical examination noted no documentation of neurologic findings with diminished range of motion and no sensory or reflexive change. Follow up examination on 10/29/13 with the treating surgeon documented continued low back pain with radiating left greater than right lower extremity pain and documented the recommendation for hardware removal with two-level fusion procedure from L3 through L5, a five day inpatient length of stay, and bilateral sacroiliac joint fusion procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

anterior lumbar interbody fusion through a lateral approach L3-5, decompression L3-4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: Based on California ACOEM 2004 Guidelines, the request for the fusion procedure from the L3 through L5 with decompression would not be indicated. While the claimant is noted to have continued complaints of pain and a prior L5-S1 fusion, there is no documentation of current instability at the L3-4 or L4-5 levels to support the role of a second fusion procedure. There is no documentation of radicular physical examination findings in the form of motor, sensory, or reflexive changes to the lower extremities to support the surgical process as well. The claimant's imaging is essentially negative at L4-5 with no indication of disc pathology in addition to no segmental instability. The role of the surgical fusion in this case cannot be established.

removal of hardware: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low back procedure - Hardware implant removal (fixation)

Decision rationale: The CA MTUS ACOEM Guidelines are silent. When looking at Official Disability Guidelines criteria, hardware removal would also not be indicated as the need for operative intervention in the form of a second fusion procedure has not yet been supported.

posterolateral fusion L3-5 with instrumentation L3-5: 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 Page(s): 307.

Decision rationale: Based on California ACOEM Guidelines, the posterolateral aspect of the procedure with instrumentation would not be indicated as the fusion procedure as a whole has not yet been supported or necessary.

bilateral S1 joint fusion: 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), Hip and Pelvis Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), hip procedure - sacroiliac joint fusion

Decision rationale: The CA MTUS Guidelines are silent. When looking at Official Disability Guidelines criteria, the efficacy for sacroiliac joint fusion is not recommended for pain. Furthermore, the need of operative intervention in this case has not yet been established. While the claimant has been treated in the past with sacroiliac joint injections, there is no current documentation of physical examination findings specific for sacroiliac joint dysfunction to support the proposed treatment.

5 days length of stay: 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 Official Disability Guidelines (ODG), Low back procedure - Fusion (spinal)

Decision rationale: The CA MTUS Guidelines are silent. A five day inpatient length of stay would not be indicated as the need of the proposed surgery cannot be recommended as medically necessary.