

Case Number:	CM13-0056316		
Date Assigned:	12/30/2013	Date of Injury:	06/29/1996
Decision Date:	04/10/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	11/22/2013

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:

The claimant is a 58-year-old female who sustained an injury to the lumbar spine on June 29, 1996. Clinical records reviewed included documentation of a recent lumbar CT scan from June 11, 2013 that showed postoperative changes from L2 through S1 compatible with prior fusion. These findings were unchanged from the assessment by the CT scan of 2011. It was noted that there had been removal of the pedicle screws from T12 through L3. The L1-2 level had moderate disc height loss and associated endplate changes with a 1-millimeter broad-based disc bulge. A recent clinical report on 11/12/13, documented increased complaints of low back and right leg pain with diminished functional activity. Physical examination showed restricted range of motion and tenderness. The report noted that the claimant also had a pain pump placed. At present, there is a request for a posterior spinal fusion surgery to be performed from the T12 through L2 level with segmental instrumentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

POSTERIOR SPINAL FUSION FROM THE T11 THROUGH L2 LEVEL: 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)

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

Decision rationale: Based on the California MTUS/ACOEM and Post-Surgical Rehabilitative Guidelines, the request for posterior spine fusion from the T11 through L2 level would not be indicated. Based on the medical records provided for review, the claimant is already status post a prior L2 through S1 lumbar fusion. There is no documentation within the records provided for review to indicate segmental instability or neural compressive pathology at the T11 through L2 level to recommend the aggressive proposed surgery. The claimant has already been treated for failed low back surgery syndrome with a pain pump. The acute need for this surgical process in the absence of clear clinical picture of a radicular process or instability would fail to necessitate its need. The request for a posterior spinal fusion from the T11 through L2 level is not medically necessary and appropriate.

MEDICAL CLEARANCE: 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.

POST-OPERATIVE PHYSICAL THERAPY:

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.