

Case Number:	CM13-0061395		
Date Assigned:	12/30/2013	Date of Injury:	06/01/2007
Decision Date:	04/02/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	12/02/2013

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 Texas, Montana, and Tennessee. He/she has been in active clinical practice for more than five years and is currently working least at 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 49-year-old male who reported an injury on 06/01/2007 when he lifted a heavy object. The patient reportedly sustained an injury to his low back. The patient's treat history included medications, epidural steroid injections, acupuncture, physical therapy, and lumbar decompression and fusion in 01/2012. The patient's most recent clinical documentation indicated that the patient had continued complaints of cervical and lumbar spine pain. Evaluation of the lumbar spine documented that the patient had limited range of motion described as 25 degrees in flexion, 0 degrees in extension, and 5 degrees in right and left lateral bending with no sensory deficits, a positive straight leg raising test bilaterally at 60 degrees, and +1 bilateral deep tendon reflexes in the ankles. The patient's diagnoses included cervical spondylosis at the C4-5 and C5-6, lumbar disc disease at multiple levels, status post lumbar discectomy and fusion at the L2-3 and L5-S1. The patient's treatment plan included hardware removal at the L2-3 and L5-S1 levels and fusion repair at those stated levels.

IMR ISSUES, DECISIONS AND RATIONALES

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

Removal of hardware at L2-L3 and L5-S1 levels, exploration for possible pseudarthrosis and repair, decompression, laminectomy, discectomy of L3-L4 and L5 with posterolateral fusion, bone graft, pedicle screw fixation and posterior antibody fusion with implants:

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: The requested 1 removal of hardware at the L2-3 and L5-S1 levels, exploration for possible pseudoarthrosis and repair, decompression, laminectomy, discectomy of L3-4 and L5 with posterolateral fusion, bone graft, pedicle screw fixation and posterior antibody fusion with implants between 11/07/2013 and 12/22/2013 is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient previously underwent fusion surgery at the L2-3 and L5-S1 levels. The American College of Occupational and Environmental Medicine recommend spinal fusion when patients have exhausted all other conservative and less invasive treatments. The patient has evidence of spinal instability. The clinical documentation submitted for review did not contain any imaging studies that provided evidence of instability after the patient's previous fusion surgery. Additionally, the patient's most recent clinical documentation does not contain any significant neurological deficits upon physical exam that would require fusion revision and additional fusion at the L3-4 and L4-5 levels. Also, the clinical documentation fails to document any recent conservative treatments to assist the patient with pain control. Therefore, surgical intervention is not supported at this time. As such, the requested 1 removal of hardware at the L2-3 and L5-S1 levels, exploration for possible pseudoarthrosis and repair, decompression, laminectomy, discectomy of L3-4 and L5 with posterolateral fusion, bone graft, pedicle screw fixation and posterior antibody fusion with implants between 11/07/2013 and 12/22/2013 is not medically necessary or appropriate.

The request for assistant surgeon: 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.

1 off the shelf 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 services are medically necessary.

3 days of in-patient 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.