

Case Number:	CM13-0064080		
Date Assigned:	01/03/2014	Date of Injury:	11/10/1995
Decision Date:	04/25/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/11/2013

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 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 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 claimant is a 64 male who injured his low back in a work related accident on 11/10/95. The documentation provided for review indicated that the claimant had a significant surgical history since the time of injury that included a 1996 L5-S1 laminectomy, an L4 through S1 fusion in 1998, followed by a 2012 L3-4 interbody fusion. The progress report on November 5, 2013 by [REDACTED] documented continued complaints of pain. [REDACTED] documented that the claimant's structural integrity was intact and described a one month history of low back pain with no neurologic deficit on examination. Recommendations were made for physical therapy, trigger point injections and continuation of medication management. Postoperative lumbar radiographs reviewed on October 23, 2013 were documented to show degenerative postoperative changes without interval change. Documentation in a neurosurgical report dated October 23, 2013 showed the claimant with full strength of the lower extremities, full sensation with the principle complaint of axial low back pain. An epidural steroid injection was recommended but the claimant declined. The treating physician recommended a posterior screw fusion over the previous surgical site to stabilize the claimant's graft.

IMR ISSUES, DECISIONS AND RATIONALES

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

A POSTERIOR SCREW ARTHRODESIS OVER PREVIOUS SURGICAL SITE: 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 the CA ACOEM 2004 Guidelines, the request for posterior screw arthrodesis over the previous surgical site is not indicated. The claimant's postoperative imaging including plain film radiographs do not indicate any degree of pseudoarthrosis or malunion of the previous fusion site. The lack of physical examination and imaging findings to suggest pseudoarthrosis would fail to support the request for this revision procedure for which the treating physician requests stabilization graft. The surgical request based on the claimant's clinical presentation would not be supported