

Case Number:	CM13-0065748		
Date Assigned:	01/03/2014	Date of Injury:	05/14/2008
Decision Date:	07/24/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	12/13/2013

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 patient is a 34-year-old male who sustained an injury to his low back on 5/14/2008. His past medical history has included lumbar fusion surgery, injections and medications. He is status post L5-S1 ALIF (Anterior Lumbar Interbody Fusion surgery) and Posterior Fusion with facet screws, in 3/2012. An MRI of the lumbar spine with and without contrast was performed on 8/16/2013, which provided the impression of postsurgical changes at the lumbosacral junction with intervertebral disc spacers are in place. There is no abnormal enhancing lesion, spinal canal stenosis or nerve root impingement. An operative report dated 5/21/2013 documents the patient was administered hardware injections at the right and left L4-5 facet screws under fluoroscopic guidance. It was noted that with the betadine prep the patient demonstrated markedly elevated pain response. With local lidocaine injection the patient demonstrated increased pain behavior. When evaluated 15 minutes after the injection, with very light palpation of the skin, he arched his back and identified severe persistent pain complaints in the lower lumbar spine at the L4-5 level. The physician denoted this as a negative diagnostic injection. It does not appear that the hardware necessary is causing the patient's persistent pain complaints. The physician noted that significant psychosocial issues that affect recovery should be considered as contributors to the patient's pain complaints. According to the encounter note dated 8/23/2013, the patient presents for follow-up evaluation with new lumbar MRI. He has pain on the right hip/lower back region, rated 5/10. Pain is worsened by sitting and running. He did not get any relief with a facet injection. Physical examination documents his sensation is intact, incisions are normal and clean, and he has pain in the hip area with internal rotation and some tightness around the hip girdle. He has a tender lipoma on the right side just over the posterior crest. Gait is within normal limits. His MRI shows healing at L5-S1 with no residual stenosis and no additional disk problems are seen. The assessment is lumbar disc disease with myelopathy. The physician

recommends physical therapy for the hip and pelvis and injecting the lipoma. He does not think removing the hardware is necessary. According to the PR-2 report dated 9/16/2013, the patient presents for re-evaluation, he reports that his back "surgery" is better, lipoma causing pain, and right hip hurting. He continues to have low back pain and some radiation into the right anterior groin area. He reports medication continues to improve his pain levels. Physical examination of the lumbar region reveals well healed suprapubic incision and linear incision at the thoracolumbar junction, marked tenderness over the L5-S1 facet region, lumbar range of motion of 70 flexion, 15, extension, marked positive complaints of pain with facet loading bilaterally. Neurologic testing documents 0+ DTR (deep tendon reflex) in the right knee, 2+ in the left knee and bilateral ankles, some decreased sensation in the posterior calf inferiorly extending to the lateral aspect of the right foot. Straight leg raise does not produce complaints of pain and paresthesias in the legs, but in the back. There is a palpable mass consistent with 1cm lipoma on the right. According to the PR-2 report dated 10/14/2013, the patient presents for re-evaluation, with complaint of still having right hip pain. Physical examination of the lumbar region reveals well healed suprapubic incision and linear incision at the thoracolumbar junction, marked tenderness over the L5-S1 facet region, lumbar range of motion of 70 flexion, 15, extension, marked positive complaints of pain with facet loading bilaterally. Neurologic testing documents 0+ DTR (deep tendon reflex) in the right knee, 2+ in the left knee and bilateral ankles, some decreased sensation in the posterior calf inferiorly extending to the lateral aspect of the right foot. Straight leg raise does not produce complaints of pain and paresthesias in the legs, but in the back. There is a palpable mass consistent with 1cm lipoma. Right hip joint is TTP (tender to palpation), negative impingement sign of right hip. X-ray reveals no evidence of osteoarthritis. Abdomen reveals swelling inferior to the right side of scar, area is TTP as well. There is no obvious hernia palpated. Right abdominal MRI and abdominal ultrasound are ordered.

IMR ISSUES, DECISIONS AND RATIONALES

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

EXPLORATION OF SPINAL FUSION PER REQUEST DATED 11/6/2013: 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, Spinal Fusion.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Spinal Fusion.

Decision rationale: According to the guidelines, spinal fusion in the absence of fracture, dislocation, unstable spondylolisthesis, tumor or infections, is not supported. There is no evidence of failure of the present fusion and instrumentation. The patient's imaging studies do not reveal any evidence of new or recurrent pathology of the spine, instability or other significant finding that would warrant exploration of fusion. The medical records document stable objective examination findings that do not support the medical necessity of the proposed procedure. It does not appear that the possible causes of the patient's pain complaints have been fully evaluated and

ruled in/out. In any case, there is no evidence that exploration of fusion is medically indicated; therefore, the request is not medically necessary.

REMOVAL OF HARDWARE LUMBAR SPINE PER REQUEST DATED 11/8/13: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Official Disability Guidelines Treatment, Integrated Treatment/Disability Duration Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic).

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, Hardware implant removal (fixation).

Decision rationale: According to The Official Disability Guidelines, hardware removal is not generally recommended. The guidelines do not recommend the 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 and non-union. The patient underwent hardware injection on 5/21/2013, which was negative. There is no evidence to support that the patient's complaint of pain is due to the screws. Imaging studies did not reveal any loosening or malposition of hardware. The request is not supported by the medical records, and therefore is not recommended under the evidence based guidelines.

REMOVAL OF POSTERIOR SEGMENT INSTRUMENTATION PER REQUEST DATED 11/6/13: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment, Integrated Treatment/Disability Duration Guidelines, Low Back-Lumbar & Thoracic (Acute & Chronic).

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, Hardware implant removal (fixation).

Decision rationale: The medical records do not establish the proposed fusion exploration and hardware removal is medically indicated. The patient's imaging studies reveal healing fusion without evidence of loosening of hardware nor is there additional pathology of the lumbar spine to suggest further lumbar surgery is clinically indicated. The request is not supported by the medical records, and therefore is not recommended under the evidence based guidelines.

UNLISTED PROCEDURE LUMBAR SPINE PER REQUEST DATED 11/6/13: 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: The medical records do not establish the proposed fusion exploration and hardware removal is medically indicated. The patient's imaging studies reveal healing fusion without evidence of loosening of hardware nor is there additional pathology of the lumbar spine to suggest further lumbar surgery is clinically indicated. An unlisted lumbar procedure is not supported by the guidelines.

PRE-OP MEDICAL CLEARANCE PER REPORT DATED 11/6/13: 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 (ODG) Low Back, Preoperative testing, general.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

PRE-OP ELECTROCARDIOGRAM PER REPORT DATED 11/6/13: 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 (ODG) Low Back, Preoperative testing, general.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

PRE-OP COMPLETE BLOOD COUNT PER REPORT DATED 11/6/13: 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 The Official Disability Guidelines (ODG), Low Back, Preoperative testing, general.

Decision rationale: The medical records do not establish the patient is a candidate for the proposed lumbar surgery, consequently, preoperative medical clearance procedures or labs are not warranted.

PRE-OP COMPREHENSIVE METABOLIC PANEL PER REPORT DATED 11/6/13:
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 (ODG) Low Back, Preoperative testing, general.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

PRE-OP LABS: PT PER REPORT DATED 11/6/13: 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 (ODG) Low Back, Preoperative testing, general.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

PRE-OP LABS: PTT PER REPORT DATED 11/6/13: 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 (ODG) Low Back, Preoperative testing, general.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

PRE-OP LABS: URINE ANALYSIS PER REQUEST DATED 11/6/13: 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 (ODG) Low Back, Preoperative testing, general.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

PRE-OP CHEST X-RAY PER REPORT DATED 11/6/13: 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 (ODG) Low Back, Preoperative testing, general.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

LUMBAR BRACE PER REQUEST DATED 11/6/13: 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 (ODG) Low Back; Lumbar Supports.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

INPATIENT LENGTH OF STAY TIMES ONE DAY PER REQUEST DATED 11/6/13: 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 (ODG) Low back, Hospital length of stay (LOS).

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.