

Case Number:	CM14-0002060		
Date Assigned:	01/29/2014	Date of Injury:	09/17/2009
Decision Date:	08/07/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	01/07/2014

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 Neurological 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 records, presented for review, indicate that this 56-year-old female was reportedly injured on September 17, 2009. The mechanism of injury was not listed in the records reviewed. The most recent progress note dated June 25, 2013, indicated that there were ongoing complaints of low back pain. The note indicated there was evidence of a pseudoarthrosis and the lumbar fusion requiring repeat surgical intervention. A follow-up progress note, dated October 24, 2013 from the treating provider indicated there was a surgical request for hardware removal, fusion mass expiration and nerve root decompression. The physical examination demonstrated no deformity upon inspection, a normal gait pattern, decreased sensation in the L4-S1 dermatomes and tenderness to palpation. Diagnostic imaging (MRI), dated October 11, 2013, noted the post-surgical changes at L4 & L5 and a multiple level posterior fixation with a normal vertebral body height. There was no suggestion of a pseudoarthrosis. Previous treatment included transforaminal nerve root injection, multiple medications, and a lumbar fusion (failed/pseudoarthrosis). A request was made for surgical intervention and was found not medically necessary in the pre-authorization process on December 16, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral revision laminoforaminotomies and microdiscectomies at L4-5 and L5-S1 to include removal of left S1 screw and shortening by cutting the rod distally to the Left L5 screw: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines, Online Version Low Back Chapter, Hardware implant removal (fixation).

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

Decision rationale: The records, presented for review, did not objectify any specific pathology. There were ongoing complaints of pain and a positive response and epidural steroid injection (nerve block); however, this did not appear to be any more than the local anesthetic being in place. Given the lack of a specific pathology on enhanced imaging studies, there was no clinical indication or medical necessity established to repeat the surgical intervention. A comprehensive assessment would be necessary. Therefore, the request is not medically necessary.