

Case Number:	CM14-0003231		
Date Assigned:	01/31/2014	Date of Injury:	12/24/1998
Decision Date:	06/24/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	01/08/2014

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 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 injured worker is a 51-year-old male who reported an injury on 12/24/1998. The mechanism of injury was not provided for review. The injured worker ultimately underwent a spinal fusion from the T12-L4 with cages placed at the L4-5 and L5-S1. The injured worker underwent a CT scan on 10/18/2013. It was documented that there was an S-shaped scoliosis of the thoracic spine with pedicle screws extending into the bodies of the T10, T11 and T12 with vacuum disc phenomena at the T8-9, T9-10 and T10-11. It was also documented that the injured worker's thoracic spine was unremarkable, other than a slight S-shaped scoliosis curvature. The injured worker was evaluated prior to the CT scan on 10/09/2013. It was documented that the injured worker had significant pain at the top of the fusion mass with loosening screws due to a kyphotic deformity. The physical examination noted a mass on the top of the back with no neurological symptoms. Pain was noted with failure of the instrumentation at the superior level of the spine. A request for an extension of the thoracic spine fusion, revision of instrumentation and revision of fusion was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

EXTENSION OF THORAX SPINE FUSION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines

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

Decision rationale: The requested extension of the thoracic spine fusion is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends a fusion surgery when there is evidence of instability of the spinal column that would benefit from stabilization. The clinical documentation submitted for review does indicate that the injured worker has significant pain complaints with a palpable mass above the spinal fusion. However, the imaging study provided for review does not provide any evidence of instability above the fusion site. Therefore, it is unclear why extending the fusion would be necessary. As such, the requested extension of the thoracic spine fusion is not medically necessary or appropriate.