

Case Number:	CM14-0004751		
Date Assigned:	01/24/2014	Date of Injury:	10/23/2012
Decision Date:	07/02/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/10/2014

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, has a Certificate in Spine Fellowship, 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:

This is a 44-year-old male with a 10/23/12 date of injury. Medical reports from 2013 were reviewed, indicating persistent low back pain radiating to the right leg. 3/11/13 progress report indicates persistent low back pain with tenderness over the lower back. Physical exam demonstrated a distinct limp on the right leg, inability to toe raise on the right, strongly positive straight leg raise test, and mild EHL weakness on the right. 5/9/13 progress report indicates persistent low back pain, worsening with physical therapy. Physical exam demonstrated absent ankle reflexes bilaterally. 11/6/12 lumbar MRI demonstrates, at L4-5, a ventral epidural defect, minimal canal stenosis, minimal bilateral foraminal stenosis. The patient underwent TLIF at L5-S1 with instrumentation from L4 to the sacrum on 7/23/13. 7/29/13 x-rays demonstrate satisfactory reduction of spondylolisthesis with interbody cages at L5-S1 and instrumentation at L4. 8/1/13 progress report indicates that the patient is doing satisfactorily. 8/12/13 progress report indicates recovery as anticipated. 12/2/13 progress report indicates that the patient is not taking any analgesic medications. Physical exam demonstrates negative straight leg raise test and unremarkable findings. It is noted that the patient's complaints of pain are resolving. Interval care has included lumbar epidural steroid injections, physical therapy, medication, activity modification. There is documentation of a previous 12/26/13 adverse determination for lack of evidence of hardware injection to determine hardware as pain generator. The request for a preoperative lumbar CT was previously authorized.

IMR ISSUES, DECISIONS AND RATIONALES

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

A REVISION AND REMOVAL OF PEDICEL SCREWS AT L4: 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 based on Non-MTUS Citation X Official Disability Guidelines (ODG) Low Back Chapter; Fusion, Hardware RemovalX Other Medical Treatment Guideline or Medical Evidence: AMA Guides (Instability).

Decision rationale: CA MTUS states that there is no good evidence from controlled trials that spinal fusion alone is effective for treating any type of acute low back problem, in the absence of spinal fracture, dislocation, or spondylolisthesis if there is instability and motion in the segment operated on. ODG states that if a hardware injection can eliminate the pain by reducing the swelling and inflammation near the hardware, the surgeon may decide to remove the patient's hardware. However, there remains no evidence of positive hardware injections. Numerous postoperative medical reports illustrate good progress and recovery as anticipated. The most recent progress report identifies that the patient is not taking any analgesic medications. Physical exam demonstrates negative straight leg raise test and unremarkable findings. It is noted that the patient's complaints of pain are resolving. There is no rationale for hardware removal or exploration; it is unclear why a revision is requested. Therefore, the request for A REVISION AND REMOVAL OF PEDICLE SCREWS AT L4 was not medically necessary.

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: The associated surgical request for a revision and removal of pedicle screws at L4 was deemed not medically necessary. Therefore, the dependent request for an assistant surgeon was also not medically necessary.

PREOPERATIVE LABS: 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: The associated surgical request for a revision and removal of pedicle screws at L4 was deemed not medically necessary. Therefore, the dependent request for preoperative labs was also not medically necessary.

PREOPERATIVE CT(COMPUTED TOMOGRAPHY) SCAN OF LUMBAR SPINE:

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: The associated surgical request for a revision and removal of pedicle screws at L4 was deemed not medically necessary. In addition, there is documentation that the requested imaging study was previously authorized. Therefore, the dependent request for PREOPERATIVE CT(COMPUTED TOMOGRAPHY) SCAN OF LUMBAR SPINE was not medically necessary.