

Case Number:	CM14-0005748		
Date Assigned:	02/05/2014	Date of Injury:	05/16/2011
Decision Date:	06/23/2014	UR Denial Date:	12/30/2013
Priority:	Standard	Application Received:	01/13/2014

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:

According to the records made available for review, this is a 61-year-old male with a 5/16/11 date of injury, and status post lumbar fusion L5-S1 9/04 and status post ALIF L5-S1, and XLIF L4-5, and PSF L4-S1 with exploration of spinal fusion L5-S1 7/5/12. At the time of request for authorization for exploration of spinal fusion and removal of instrumentation at L3-4, L4-5, there is documentation of subjective findings of low back pain, rated rate 8-9/10, radiation down into bilateral anterior thighs, knees, left lateral calf and left dorsum foot; associated numbness and tingling in anterior left thigh and medial foot and objective findings of lumbar range of motion 75%, tenderness to palpation, decreased sensation to light touch in left lateral thigh, lateral calf, and left medial foot, supine straight leg raise positive on the left at 45 degrees, distraction, femoral thrust, Patrick's, Gaenslen's and compression positive bilaterally. The imaging findings from a lumbar spine CT on 8/7/13 report revealed post fusion changes from L4-S1, no significant spondylolisthesis and no fractures, there appears to be a small amount of bone graft at the L5-S1 level, but this is mild in degree; L5-S`1 posterior osseous ridging and hypertrophic change most prominent laterally, left greater than right, extending into the neural foramina and resulting in distortion and narrowing of the left greater than right neural foramina, there could be contact of the exiting L5 nerve roots. The current diagnoses are lumbar spinal stenosis without neurogenic claudication, post laminectomy/fusion syndrome and lumbar degenerative disc disease. The treatment to date includes medications, HEP, activity modification, ESIs, and hardware block with excellent relief. There is no documentation of broken hardware or persistent pain, after ruling out other causes of pain such as infection and nonunion and a fusion at the L3-4 level.

IMR ISSUES, DECISIONS AND RATIONALES

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

EXPLORATION OF SPINAL FUSION AND REMOVAL OF INSTRUMENTATION AT L3-4, L4-5: 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, Hardware Removal

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Hardware injection (block), Hardware implant removal (fixation).

Decision rationale: California MTUS reference to ACOEM Guidelines identifies documentation of severe and disabling lower leg symptoms in the distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise; and activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms, as criteria necessary to support the medical necessity of surgery. ODG identifies documentation of a diagnostic hardware injection to determine if continued pain is caused by the hardware, as criteria necessary to support the medical necessity of hardware removal. In addition, ODG does 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 nonunion. Within the medical information available for review, there is documentation of diagnoses of lumbar spinal stenosis without neurogenic claudication, post laminectomy/fusion syndrome, lumbar degenerative disc disease. In addition, there is documentation of a previous fusion at L4-5 and L5-S1. Furthermore, there is documentation of a diagnostic hardware injection with reported excellent relief. However, there is no documentation of broken hardware or persistent pain, after ruling out other causes of pain such as infection and nonunion. In addition, there is no documentation of a fusion at the L3-4 level for which a hardware removal at L3-4 would be indicated. Therefore, based on guidelines and a review of the evidence, the request for exploration of spinal fusion and removal of instrumentation at L3-4, L4-5 is not medically necessary.