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| Case Number: | CM14-0006599 | | |
| Date Assigned: | 05/23/2014 | Date of Injury: | 05/20/1987 |
| Decision Date: | 07/11/2014 | UR Denial Date: | 01/10/2014 |
| Priority: | Standard | Application Received: | 01/15/2014 |

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 New York. 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 had a CT of the cervical and thoracic spine that shows mild right foraminal narrowing at T10-L5 S1. There is spinal fusion hardware from previous surgery from T10-S1 with laminectomies at L2-S1. The patient complains of chronic lower thoracic pain. Physical examination reveals normal neurologic exam. CAT scan reveals intact hardware no evidence of nonunion. X-rays of the rock lumbar spine from December 2013 show intact hardware without evidence of loosening. The patient has chronic pain. At issue is whether revision posterior spinal fusion surgery T3-L5 with L3 osteotomy and BMP is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

REVISION OF POSTERIOR SPINAL FUSION AT T3-L5; L3 POSTERIOR SUBLUXATION OSTECTOMY WITH BMP WITH INSTRUMENTATION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG Guidelines, Low Back. Bone-morphogenetic protein (BMP).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 307-322.

Decision rationale: This patient does not meet established criteria for a multilevel revision decompression osteotomy surgery. Specifically, the patient does not meet criteria for spinal fusion. There is no evidence of nonunion of previous surgery. There is no evidence of hardware loosening or hardware breakage. There is also no evidence of instability fracture or tumor. There is no evidence of progressive neurologic deficit. Physical exam shows normal neurologic function bilaterally in the lower extremities. Criteria for thoracolumbar spinal revision surgery are not met. Criteria for lumbar fusion surgery are not met. The medical records do not show any evidence of hardware breakage, nonunion, fracture or instability. As such, the request is not medically necessary and appropriate.

INPATIENT HOSPITAL STAY FOR 5 DAYS: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

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

PRE-OP CLEARANCE WITH INTERNAL MEDICINE: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.