

Case Number:	CM14-0102287		
Date Assigned:	07/30/2014	Date of Injury:	06/21/2011
Decision Date:	09/17/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	07/02/2014

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 Geriatrics 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 injured worker is a 50 year old man with a date of injury of 6/21/11. He is status post L5-S1 posterior Gill procedure with fusion due to spondylolisthesis at L5-S1. He was seen by his neurosurgeon on 6/10/14 with complaints of continued low back pain and bilateral lower extremity numbness and difficulty walking. His physical exam showed moderate discomfort with palpation of the lumbar spine and a slow gait. He had 'significant limitations with range of motion'. A CT scan from 4/23/14 showed post-surgical changes with adequate placement of instrumentation and no breakage or loosening of hardware. His diagnoses were failed back syndrome and history of lumbar fusion. The physician requested exploration of fusion with removal of hardware as this 'may be beneficial' in improving his back pain since the CT revealed that solid fusion had occurred'. At issue in this review are Removal of Hardware, Redo Decompression L5-S1, Inpatient 3 Day Stay, Aspen LSO Lumbar Brace and External Bone Growth Stimulator.

IMR ISSUES, DECISIONS AND RATIONALES

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

Removal of hardware, redo decompression L5-S1: Upheld

Claims Administrator 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) (http://www.odg-twc.com/odgtwc/Low_Back.htm): lumbar decompression; Gibson-Cochrane, 2000; Stevens, 1997.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 287-328.

Decision rationale: This injured worker was denied a request for Removal of hardware, redo decompression L5-S1. His physical exam reveals tenderness to palpation of the lumbar spine and limitations in range of motion. There are no red flag symptoms or signs which would be indications for immediate surgery. A recent CT scan confirmed cervical disc disease. Surgery is considered when there is severe spinal vertebral pathology or severe debilitating symptoms with physiologic evidence of specific nerve root or spinal cord dysfunction on appropriate imaging studies that did not respond to conservative therapy. The records do not substantiate these criteria are met or the medical necessity for Removal of Hardware, Redo Decompression L5-S1 in this injured worker with chronic back pain. The request is not medically necessary.

Inpatient 3 day stay: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (<http://www.odg-twc.com/bp/722.htm#722.1>).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 287-328.

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

Aspen LSO lumbar brace: 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): 287-328.

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

External bone growth stimulator: 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): 287-328.

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