

Case Number:	CM14-0014499		
Date Assigned:	06/04/2014	Date of Injury:	06/06/2009
Decision Date:	07/25/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/05/2014

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 Texas and 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 female who reported an injury on 06/06/2009. The mechanism of injury was the injured worker was hit in the back with a rubber band, causing her to hyperextend. Prior treatments included physical therapy, medications, massage therapy, acupuncture care, and the use of a TENS Unit and epidural steroid injections. The documentation indicated the injured worker underwent a lumbar MRI with contrast on 12/06/2010 which revealed a transitional L5-S1 segment. At the lowest truly functional disc, L4-5, there was evidence of solid anterior and posterior fusions, as well as a laminectomy. The pedicle screws were in place. There was desiccation of the L2-3 disc. The injured worker underwent an EMG/NCV of the bilateral lower extremities on 01/13/2010 per physician documentation, which revealed the evidence of right S1 radiculopathy and a compatible decrease in the right perineal nerve amplitude and latency. The injured worker underwent a myelogram of the lumbar spine on 10/22/2009 per physician documentation which revealed surgery hardware at the L4-5 level. The fusion plug was displaced anteriorly and to the left. Contrast was noted outlining the nerve root and spinal cord with no definite obstructing lesions. The documentation of 12/17/2013 revealed the injured worker had decreased sensation on the lateral aspect of the right foot and weakness of the right calf. The diagnoses included L5-S1 spondylosis, bilateral sciatica, and L4-5 posterior interbody fusion with retained bilateral L4 and L5 pedicle screws. The recommendation and treatment plan included an L4-5 hardware removal and fusion exploration and possible revision and L5-S1 exploration and possible fusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

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

Two days of inpatient hospital stay: 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.

One L4/L5 fusion exploration, hardware removal and possible revision with L5/S1 exploration with possible fusion: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307.

Decision rationale: The ACOEM guidelines indicate that surgical considerations are appropriate for injured workers who have severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging study, preferably with accompanying objective signs of neural compromise. There should be documentation of activity limitations due to radiating leg pain for more than 1 month or extreme progression of lower leg symptoms, clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair, as well as a failure of conservative treatment to resolve disabling radicular symptoms. The clinical documentation submitted for review indicated the injured worker had objective clinical findings. However, there was a lack of documentation of the official MRI report and EMG report of electrophysiologic evidence at the level of S1. There was a lack of documentation indicating a failure of conservative treatment. Given the above, the request for 1 L4-5 fusion exploration, hardware removal and possible revision with L5-S1 exploration with possible fusion between 01/21/2014 and 03/17/2014 would not be medically necessary.