

Case Number:	CM14-0015179		
Date Assigned:	02/28/2014	Date of Injury:	06/07/2005
Decision Date:	07/18/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	02/06/2014

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 subspecialty in orthopedic spine 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 is a 53-year-old male with chronic low back pain secondary lumbar stenosis. He describes very severe back pain. He denies bowel or bladder incontinence. On physical examination he has normal motor function 5 out of 5 throughout his lower extremities. He is a positive straight leg raise on the left. Sensation is decreased to pinprick on the left S1 dermatome. Patient takes narcotic medication for pain. He has had a previous thoracolumbar fusion surgery. Medical records indicate that the patient has been getting progressively more kyphotic over the last couple years. Additional physical examination shows that he stands erect and has a gross kyphotic deformity at the level above his spinal fusion. He can walk on his heels and toes. He has limitation of lumbar and thoracic motion. X-rays reveal thoracolumbar fusion appears to be solid with degeneration and kyphosis at the level of T8-9 with marked degeneration. At issue is whether long thoracic fusion is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

THORACIC FUSION T4-T11 WITH INTERNAL FIXATION: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back Chapter, Fusion. pg. 307-322.

Decision rationale: This patient does not meet establish criteria for long thoracic fusion. While the patient does have previous thoracolumbar fusion evidence of degeneration above the fusion, the available x-rays of the medical records document mild kyphosis above the fusion with degeneration. There is no evidence of global severe deformity. There is no evidence of neurologic deficit. There is no evidence that the patient is unable to stand upright. Also the medical records do not document of the trial and failure of conservative measures to include bracing and physical therapy. Long thoracic fusion is not medically necessary at this time. Criteria for spinal fusion not met.