

Case Number:	CM14-0018217		
Date Assigned:	04/21/2014	Date of Injury:	12/09/2001
Decision Date:	07/02/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/13/2014

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:

The injured worker is a 45-year-old female who reported an injury on 12/09/2001. The mechanism of injury was not provided for review. The injured worker ultimately underwent an L4-5 and L5-S1 lumbar fusion. The injured worker reported ongoing neck and low back pain. The injured worker underwent a CT scan on 12/20/2013 that documented postoperative changes including a posterior fusion and instrumentation with L5 laminectomy defects from the L4 to the S1 without evidence of complications of hardware and intact fusion plates. The injured worker was evaluated on 01/23/2014. Physical findings included decreased sensation of the left upper extremity with no motor strength deficits documented of the upper and lower extremities. The injured worker had decreased sensation in the L4-S1 dermatomal distributions of the left lower extremity. The injured worker's diagnoses included cervical spine disc herniations, chronic pain, opioid dependence, and status post lumbar fusion from the L4-5 and L5-S1. A recommendation was made for exploration of the fusion mass and augmentation of the fusion with iliac crest bone graft and leaving the hardware in situ.

IMR ISSUES, DECISIONS AND RATIONALES

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

EXPLORATION OF LUMBAR FUSION MASS AND AUGMENTATION OF FUSION WITH ILIAC CREST BONE GRAFT: 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): 308-310.

Decision rationale: The requested exploration of lumbar fusion mass and augmentation of fusion with iliac crest bone graft is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends surgical intervention for red flag conditions of the lumbar spine or for clear physical examination findings supported by an imaging study that have been recalcitrant to conservative measures. The clinical documentation submitted for review does indicate that the injured worker has previously undergone a fusion surgery at the L4-5 and L5-S1 and has also documented that the injured worker has persistent disabling pain. However, the clinical documentation fails to provide any evidence of conservative treatments to assist in the injured worker's pain control. Additionally, the clinical documentation provides imaging studies that do not support surgical intervention. There is no indication of pseudarthrosis or hardware malfunction. Therefore, the need for surgical intervention at this time is not supported. As such, the requested exploration of lumbar fusion mass and augmentation of fusion with iliac crest bone graft is not medically necessary or appropriate.