

Case Number:	CM14-0019392		
Date Assigned:	04/21/2014	Date of Injury:	03/29/2011
Decision Date:	06/10/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/14/2014

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 64-year-old female, who sustained an injury on March 29, 2011. No specific mechanism of injury is identified. Prior treatment included a posterior lumbar interbody fusion with retained hardware. There are ongoing complaints of low back pain and it was noted that an anesthetic hardware block was completed. The pain worsened after this block. Repeat enhanced imaging studies completed in September, 2012 noted the postoperative changes as well as retained hardware. There is objectification of a L5 radiculopathy on electrodiagnostic assessment. The request for treatment noted a diagnosis of a cane hardware with radiculopathy. The progress note dated January 16, 2014 noted a L3/L4, L4/L5 lumbar arthrodesis (fusion) as having been completed in November, 2011. There was ongoing low back pain and is noted that after the hardware block the pain worsened. The pain is noted to be significantly increased subsequent to the injection. 80% pain is noted to be in the right lower lumbar region. Psychiatric treatment was initiated over 20 sessions completed. Multiple medications are employed to address the pain issues. The physical examination notes a 90° lumbar flexion, straight leg raise to be negative, heel walking is normal. Deep tendon reflexes at the knee and ankle are noted to be trace and motor function is for/5. A chronic radiculopathy is reported. A lumbar fusion is suggested at L5/S1. The previous visit on December 19, 2013 outlined the above-noted parameters. The physical examination was unchanged. At this time, the hardware block was completed. Multiple previous offices are noted outlining the workup to include electrodiagnostic testing, hardware block, etc. Lumbar MRI noted the postsurgical changes, the disc being of normal size configuration signal intensity with no evidence of protrusion or both. Degenerative bone and disc changes are noted in lower lumbar levels.

IMR ISSUES, DECISIONS AND RATIONALES

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

POSTERIOR LUMBAR INTERBODY FUSION AT L5-S1 WITH HARDWARE REMOVAL AT L3-L5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-308.

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

Decision rationale: As outlined in the American College of Occupational and Environmental Medicine (ACOEM) guidelines, the request is not recommended for chronic low back pain. There is limited evidence of any support. Furthermore, imaging studies did not identify fracture, dislocation, instability or infection. As such the basis for any procedure is not met. Lastly, this is an individual who has marginal, if any, findings noted on enhanced imaging studies and again, there is no pathology presented to suggest the need for a fusion procedure. As such, based on the data presented, this request is not clinically indicated.

TWO DAY 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.

INTRA-OPERATIVE NEUROMONITORING FOR THE LUMBAR SPINE: 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.