MAXIMUS Federal Services

Case Number:	CM14-0019590		
Date Assigned:	04/23/2014	Date of Injury:	07/21/2013
Decision Date:	07/03/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/17/2014

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 Spine Surgery and is licensed to practice in Texas. 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 43 year old male who sustained injury on 07/21/13 when he slipped and fell. The injured was initially followed for the development of severe low back pain radiating to the lower extremities right worse than left prior conservative treatment included extensive physical therapy and epidural steroid injections with no response. The injured had a previous spinal fusion from L1 to S1 with the use of Harrington rods and prior old L4 fracture. Medications included muscle relaxers and Tramadol for pain, Ondansetron for nausea, and omeprazole for gastrointestinal upset. The patient was also utilizing Terocin patches for topical analgesia. MRI of the lumbar spine from 10/20/13 noted the reversal of the normal lordosis at L4 with chronic compression fracture at L4 measuring 50% disc height loss measuring 50% loss of vertebral body height centrally and more than 70% loss of vertebral body height anteriorly. Retropulsion of the posterior aspect of the vertebral body into the spinal canal was noted measuring 7-8mm. Extensive magnetic susceptibility artifact was noted. Degenerative disc desiccation and disc space height loss was noted at L3-4. No spinal canal or neural foraminal stenosis was identified. Laminectomy changes were noted at L3-4 and L4-5. There was a pseudo disc osteophyte complex measuring 3-4mm effacing the anterior margin of the thecal sac. Mild to moderate neural foraminal stenosis was noted with facet disease. No significant findings were noted at L5-S1. Electrodiagnostic studies in 10/13 were negative for evidence of active radiculopathy. Radiographs of the lumbar spine from 01/03/14 again noted focal kyphosis centered at L3-4. There was retrolisthesis at L4-5. Post-operative posterior fixation with fusion was noted from L1 to S1. Fusion appeared intact at the posterior elements from L1 to S1. There were noted discontinuities of the cerclage wire at L5-S1. The clinical evaluation on 01/03/14 noted antalgic gait with the requirement of a cane. The patient had abnormal gait favoring the left lower extremity. Range of motion was decreased in the lumbar spine on flexion/extension.

There was sensory loss in L4 through S1 distribution. The recommendation was for an L4 pedicle subtraction osteotomy and vertical column vertebral column resection to improve the lumbar lordosis to at least 0 and at least 10 degrees of lordosis as opposed to the current 30 degrees negative lordosis. This was due to severe sagittal imbalance. The requested L4 pedicle subtraction osteotomy with vertical vertebral column resection was denied by utilization review on 02/04/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4 PEDICLE SUBTRACTION OSTEOTOMY VERTEBRAL COLUMN RESECTION: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304-306.

Decision rationale: In regards to the requested L4 pedicle subtraction osteotomy with vertebral column resection, this reviewer would have recommended this procedure as medically necessary. Imaging studies provided for review noted a severe kyphotic deformity centered at L4 due to a prior chronic compression fracture which had been stabilized with an L1 to S1 posterior spinal fusion and instrumentation. Despite this procedure the patient had a rather severe kyphotic deformity at more than 30 degrees. The patient had notable sagittal imbalance at this time and there had been failure of the hardware at L5-S1. Given the substantial kyphotic deformity at L4, the only way to correct this progressive sagittal imbalance would have been to subtract the pedicles at L4 to allow for vertebral column resection stabilization of the spine and potentially correct the spine to normal positive 10 degrees of lordosis or at least 0 degrees lordosis. This could not have been addressed with any conservative treatment. To date conservative treatment had failed. Given the clear objective findings regarding sagittal imbalance in a severe kyphotic deformity, this reviewer would have recommended these procedures as medically necessary and appropriate.