MAXIMUS Federal Services

Case Number:	CM14-0117616		
Date Assigned:	08/06/2014	Date of Injury:	01/10/2005
Decision Date:	09/24/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/25/2014

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 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 expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:The patient is a 44-year-old female. She has chronic low back pain. She's been diagnosed with degenerative disc condition. She's had previous fusion at L4-5 and L5-S1. She continues to have chronic low back pain. X-ray shows evidence of anterior and posterior fusion of L5-S1.The patient continues to have back pain and numbness in the feet. She takes narcotics. Physical exam shows reduced lumbar range of motion. There is tenderness to palpation lumbar spine. Deep tendon reflexes are asymmetric in the lower extremities. Straight leg raise is positive at 75 on the left side. At issue is whether revision lumbar surgeries medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Exploration of the lumbar fusion at L4-5 and L5 - S1 with removal of the retained pedicle screw hardware form L4-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Hardware Injection/ Block.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG low back.

Decision rationale: This patient does not meet establish criteria for revision lumbar surgery. Specifically there is no documentation of hardware failure, or nonunion. There is no evidence of imaging studies showing nonunion. No evidence of imaging studies showing hardware failure. In addition the patient has no red flag indicators for spinal fusion surgery such as fracture, tumor, or progressive neurologic deficit. Revision spinal fusion surgery is not medically necessary. Also there is no evidence of a hard will block shown to be some pain relief from hardware block. Criteria for lumbar surgery not met. Therefore, this request is not medically necessary.

Post-op PT 2 x 6 for the low back: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Hardware Injection/ Block.

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.