

Case Number:	CM14-0118914		
Date Assigned:	08/06/2014	Date of Injury:	03/31/1996
Decision Date:	09/17/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	07/29/2014

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 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 62-year-old female who reported an injury on 04/01/1996. The mechanism of injury was not stated. The injured worker had a history significant for multiple spinal surgeries to include a lumbar fusion with hardware removal in 2007. The injured worker underwent an MRI on 06/06/2014. It was noted that the injured worker had a morphological deformity of the lumbosacral junction in keeping with the L4 through S1 fusion. It was also noted that the injured worker had scattered multilevel degenerative changes. The injured worker was evaluated on 06/17/2014. It was documentation that the injured worker underwent a scoliosis series on 06/17/2014 that documented positive sagittal imbalance with grade 1 degenerative spondylolisthesis at the L3-4. Physical examination findings included positive sagittal imbalance, assisted ambulation, and no evidence of purulence or discharge at the incision site of the cervical spine. A recommendation was made for pedicle subtraction osteotomy in the mid lumbar spine around the L2-3 level and instrumented lumbar fusion form the T10 to the S1. The injured worker was evaluated on 06/25/2014. It was noted that the injured worker was requesting a medication refill at that appointment. Medications included bisacodyl 5 mg, ketamine 5% cream, Lidoderm 5% patch, Protonix 40 mg, Senna 8.6 mg, morphine 30 mg, Robaxin 750 mg, morphine sulfate extended release 15 mg, sumatriptan succinate 25 mg, ibuprofen 800 mg, Flector 1.3% patch, morphine sulfate extended release 60 mg, docusate sodium 100 mg, Valium 10 mg, Abilify 2 mg, Lexapro 10 mg, Prozac 20 mg and Topamax 100 mg. The injured worker's diagnoses included long term use of medications, lumbar disc displacement without myelopathy, degenerative lumbosacral disease, cervical disc displacement without myelopathy, and pain in lower joints. A Request for Authorization for a 3 column pedicle subtraction and osteotomy and fusion form the T10 through the S1 was submitted on 06/25/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Three column pedicle-subtraction osteotomy and fusion of T-10 to S1.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307. Decision based on Non-MTUS Citation Official Disability Guidelines: Lower Back Complaints: Spine Lumbar Spinal Fusion.

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

Decision rationale: The requested Three column pedicle-subtraction osteotomy and fusion of T-10 to S1 is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommend fusion surgery for spinal injuries in the presence of significant instability, supported by an imaging study, and when the injured worker has failed to respond to conservative treatment. The clinical documentation submitted for review does contain an imaging study of the lumbar spine. However, significant instability was not identified on the imaging study. Furthermore, the clinical documentation did not provide radicular symptoms correlative of this multilevel fusion surgery. The clinical documentation did not provide a psychological assessment prior to the request for surgery. There is no way to determine if the injured worker is an appropriate candidate for additional surgery from a psychological perspective. As such, the requested Three column pedicle-subtraction osteotomy and fusion of T-10 to S1 is not medically necessary and appropriate.

Preoperative electrocardiogram clearance.: 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.

Preoperative laboratory testing.: 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.

Preoperative chest x-ray.: 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.

Preoperative urine testing.: 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.