

<b>Case Number:</b>	CM14-0156505		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	04/12/2004
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	09/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2014

### 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 Fellowship, 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:

According to the records made available for review, this is a 62-year-old male with a 4/12/04 date of injury, and status post lumbar discectomy and fusion L4-5 and L5-S1 10/12/05, and status post L3 pedicle subtraction osteotomy with T12 to the ilium fixation and fusion 2/12. At the time (9/11/14) of request for authorization for T3 to pelvis removal of prior implants, revision laminectomy, Smith Peterson osteotomies, kyphosis correction, inpatient times 3 days and co-surgeon, there is documentation of subjective (chronic back pain with radicular symptoms to the bilateral lower extremities) and objective (lump at the right paraspinal region at the thoracolumbar junction, which presumably is instrumentation of the lumbar spine which is protruding, tenderness to palpation throughout the lumbar spine, 4/5 muscle weakness in all major groups, reduced sensation in the L5 distribution of the right lower extremity) findings, imaging findings (thoracic spine CT (7/30/14) report revealed mild S shaped scoliosis, mild right-sided neural foraminal stenosis at T1-T2 due to uncovertebral spur, the greatest degree of neural foraminal stenosis visible is on the right C7-T1 where it appears moderate, no other focus of significant encroachment on the central canal or neural foramina; no significant encroachment on the central canal and neural foramina is noted at T2-3 through T10-11; mild S shaped scoliosis of the thoracic spine, convex to the left with the apex at T3 and convex to the right with the apex at T9), current diagnoses (kyphosis, acquired and postural), and treatment to date (medications). There is no documentation of clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**T3 to Pelvis Removal of Prior Implants, Revision Laminectomy, Smith Peterson Osteotomies, Kyphosis Correction: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Treatment Index, 11th Edition (web), 2013, Low Back Hardware Implant Removal (Fixation)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.scoliosismd.com/articles/flatback.htm> and <http://www.orthospine.com/index.php/component/content/article/680>

**Decision rationale:** MTUS reference to ACOEM Guidelines identifies documentation of clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair, as criteria necessary to support the medical necessity of surgery. In addition, medical treatment guidelines support instrumentation removal, osteotomies, and revision instrumentation for revision surgery in patients with prominent or painful instrumentation, pain, and continued spinal imbalance. Within the medical information available for review, there is documentation of diagnosis of kyphosis, acquired and postural. However, despite documentation of chronic back pain with radicular symptoms to the bilateral lower extremities, 4/5 muscle weakness in all major groups, reduced sensation in the L5 distribution of the right lower extremity, and imaging findings of mild S shaped scoliosis of the thoracic spine, convex to the left with the apex at T3 and convex to the right with the apex at T9, there is no documentation of clear clinical (pain, and continued spinal imbalance), imaging (spinal imbalance), and electrophysiologic evidence of a lesion (at all levels) that has been shown to benefit in both the short and long term from surgical repair. Therefore, based on guidelines and a review of the evidence, the request for T3 to pelvis removal of prior implants, revision laminectomy, Smith Peterson osteotomies, kyphosis correction is not medically necessary.

**Inpatient Times 3 Days: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Hospital length of stay (LOS)

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Co-Surgeon: 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.