

Case Number:	CM14-0166669		
Date Assigned:	10/23/2014	Date of Injury:	03/28/1999
Decision Date:	11/21/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/09/2014

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 Surgeon 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 75-year-old male who reported an injury on 03/28/1999. The mechanism of injury was not specifically stated. The current diagnosis is kyphosis. The injured worker presented on 08/25/2014 with complaints of worsening pain. It is noted that the injured worker has not recently attempted conservative treatment in the form of physical therapy or epidural steroid injection. The injured worker underwent an SI joint injection in November of 2012 with no relief. The injured worker utilizes a walker and a scooter. The current medication regimen includes aspirin 81mg, Klonopin 2 mg, Cymbalta 60 mg, Norco 5/325 mg, ibuprofen 200 mg, lisinopril 20 mg, Toprol XL 100 mg, Anaprox 220 mg, and Protonix 40 mg. Physical examination on that date revealed 1+ patellar reflexes, absent Achilles reflexes, diminished motor strength in the bilateral lower extremities, a flexed forward posture, intact sensation, and difficulty performing a tandem gait. Treatment recommendation included a T10 to pelvis fusion and fixation. A Request for Authorization form was then submitted on 09/25/2014. It is noted that the injured worker underwent a scoliosis x-ray study on 08/25/2014, which indicated a posterior lumbar fusion with rods and bilateral pedicle screws at L2-4 without evidence of loosening or fracture, focal kyphosis at L1-2, and multilevel degenerative changes included a marked disc loss at L1-2 and L2-3. The injured worker also underwent x-rays of the lumbar spine on 01/22/2014, which indicated grade 1 anterolisthesis of L1 relative to L2, L2-4 decompressive laminectomy and posterior fusion, moderate degenerative disc disease and spondylosis, and relatively extensive soft tissue calcification posterior to the laminectomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

T-10 to pelvis fusion and L4 PSO (pedicle subtraction osteotomy): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Fusion (Spinal), Fusion for adult idiopathic scoliosis

Decision rationale: California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation is indicated for patients who have severe and disabling lower extremity symptoms, activity limitation for more than 1 month, clear clinical, imaging, and electrophysiologic evidence of a lesion, and failure of conservative treatment. The Official Disability Guidelines state preoperative clinical surgical indications for a spinal fusion should include the identification and treatment of all pain generators, the completion of all physical medicine and manual therapy interventions, documented spinal instability upon x-ray or CT myelogram, spine pathology that is limited to 2 levels, and a psychosocial screening. Prior to a fusion for adult idiopathic scoliosis, there should be documentation of 3 months of nonsurgical care, including patient education, exercise, and NSAIDs. Curvatures over 60 degrees or over 50 degrees with persistent pain in adults should be noted. Adults should be under 50 years of age due to surgical risks. As per the documentation submitted, there is no evidence of a recent attempt at any conservative treatment prior to the request for an additional surgical procedure. The injured worker is greater than 50 years of age. There is no documentation of preoperative clearance addressing surgical risks. The injured worker is noted to be pending a preoperative echocardiogram and a thorough evaluation. Based on the clinical information received and the above mentioned guidelines, the request cannot be determined as medically appropriate in this case. California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation is indicated for patients who have severe and disabling lower extremity symptoms, activity limitation for more than 1 month, clear clinical, imaging, and electrophysiologic evidence of a lesion, and failure of conservative treatment. The Official Disability Guidelines state preoperative clinical surgical indications for a spinal fusion should include the identification and treatment of all pain generators, the completion of all physical medicine and manual therapy interventions, documented spinal instability upon x-ray or CT myelogram, spine pathology that is limited to 2 levels, and a psychosocial screening. Prior to a fusion for adult idiopathic scoliosis, there should be documentation of 3 months of nonsurgical care, including patient education, exercise, and NSAIDs. Curvatures over 60 degrees or over 50 degrees with persistent pain in adults should be noted. Adults should be under 50 years of age due to surgical risks. As per the documentation submitted, there is no evidence of a recent attempt at any conservative treatment prior to the request for an additional surgical procedure. The injured worker is greater than 50 years of age. There is no documentation of preoperative clearance addressing surgical risks. The injured worker is noted to be pending a preoperative echocardiogram and a thorough evaluation. Based on the clinical information received and the above mentioned guidelines, the request cannot be determined as medically appropriate in this case.

1 removal of implants, inspect fusion, osteotomy L1-L2 possible L5-S1 TLIF with Stryker TLIF cage: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Fusion (Spinal), Hardware Implant Removal

Decision rationale: California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation is indicated for patients who have severe and disabling lower extremity symptoms, activity limitation for more than 1 month, clear clinical, imaging, and electrophysiologic evidence of a lesion, and failure of conservative treatment. The Official Disability Guidelines state preoperative clinical surgical indications for a spinal fusion should include the identification and treatment of all pain generators, the completion of all physical medicine and manual therapy interventions, documented spinal instability upon x-ray or CT myelogram, spine pathology that is limited to 2 levels, and a psychosocial screening. Prior to a fusion for adult idiopathic scoliosis, there should be documentation of 3 months of nonsurgical care, including patient education, exercise, and NSAIDs. Curvatures over 60 degrees or over 50 degrees with persistent pain in adults should be noted. Adults should be under 50 years of age due to surgical risks. As per the documentation submitted, there is no evidence of a recent attempt at any conservative treatment prior to the request for an additional surgical procedure. The injured worker is greater than 50 years of age. There is no documentation of preoperative clearance addressing surgical risks. The injured worker is noted to be pending preoperative echocardiogram and a thorough evaluation. Based on the clinical information received and the above mentioned guidelines, the request cannot be determined as medically appropriate in this case. The Official Disability Guidelines state hardware implant removal is not recommended except in the case of broken hardware or persistent pain after ruling out other causes such as infection and nonunion. Therefore, the injured worker does not meet criteria as outlined by the Official Disability Guidelines. As such, the request is not medically appropriate in this case.