

Case Number:	CM14-0173198		
Date Assigned:	10/24/2014	Date of Injury:	03/06/2012
Decision Date:	12/10/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	10/20/2014

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 Surgeon and is licensed to practice in Arizona. 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:

This is a 50-year-old male who sustained an injury on 3/6/2012. As a result of the injury the patient underwent a laminectomy at L5-S1 with an interbody fusion and posterior instrumentation. He continued to have low back pain with pain radiating to the left leg. A consultation dated 7/31/2014 states the patient had flexion and extension lumbar x-rays which showed fracture of both sacral screws. There was no instability at the adjacent segment of L4-L5. A progress report of 8/14/2014 states patient has persistent low back pain requiring him to take Norco on a daily basis and he has limited ability to work and perform activities of daily living. Physical examination revealed limited range of motion of the lumbar spine with tenderness at the lumbosacral junction. Patient had a weakly positive straight leg raise with decreased sensation along the lateral aspect of the calf and no significant loss of motor function. Flexion extension x-rays done 9/29/2014 demonstrated no hardware loosening and no instability. A progress report of 10/9/2014 states the patient continues to have back pain with radiation into his leg. Based on the continuing complaints of pain plus alleged evidence of hardware failure, a request was made to explore the fusion, remove the hardware, revise a lumbar laminectomy and repeat the fusion of L5-S1. An MR scan which was done on 6/13/2014 noted metal artifact which obscured the central canal and foramen. There was a suggestion of a 2-3 mm broad-based disc bulge with bilateral facet hypertrophy and moderate left foraminal stenosis and mild right foraminal stenosis. There is no residual central stenosis. A CT scan report dated 9/22/2014 states the hardware is intact and well positioned. It does not mention the status of the fusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Removal of Lumbar Instrumentation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305. Decision based on Non-MTUS Citation ODG; (http://odg-twc.com/odgtwc/low_back.htm) regarding: hardware removal

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

Decision rationale: Although the treating physician felt that there was fracture of the sacral screws and evidence of loosening of the lumbar screws, this impression has not been verified by either the flexion extension x-rays or the CT scan. The ACOEM guidelines state that there is no scientific evidence about the long-term effectiveness of any form of surgical decompression or fusion for degenerative lumbar spondylosis compared with natural history, placebo, or conservative treatment. There is no good evidence from controlled trials that spinal fusion alone is effective for treatment of any type of acute low back problem and that spinal fusion in patients with other types of low back pain very seldom cures the patient. Therefore, since there is no evidence of a pseudoarthrosis and no evidence of hardware failure based on CT scan or plain x-rays, the medical necessity for removal of the lumbar instrumentation has not been established.

Exploration of Lumbar Fusion: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines (low back disorders revised 2007, pages 209-211) regarding: lumbar fusion

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

Decision rationale: Although the patient is still having symptoms of low back pain radiating into his left leg, there is no evidence on CT scan or plain x-rays or MRI that there is a pseudoarthrosis or a failure of hardware. Therefore, the medical necessity for exploration of the fusion site has not been established.

Lumbar Laminectomy of L5-S1: 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): 303-309.

Decision rationale: This patient had a EMG and nerve conduction study done on 9/10/2012 which was interpreted as showing an L5 radiculopathy on the left. There has basically been no change in the patient's left leg symptoms over the last 2 years. The symptoms he is having are

chronic in nature and there have been no changes. In addition, the MRI does not reveal a nerve root compression that would be amenable to a laminectomy. Therefore, the medical necessity of a lumbar laminectomy at L5-S1 has not been established.

Reinsertion of posterior instrumentation I5-S1: 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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back, fusion

Decision rationale: The reinsertion of posterior instrumentation may be necessary if there is demonstrated failure of previous instrumentation or if additional levels are fused. There is no evidence that the patient has a failed previous operation based on CT scan, plain x-rays, or MRI. The ODG also states that revision surgery for purposes of pain relief must be approached with extreme caution due to the less than 50% success rate reported in the medical literature. Therefore for the above reasons the reinsertion of posterior instrumentation has not been established.

Surgery center of Hospital within MPN: 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.