

Case Number:	CM14-0175611		
Date Assigned:	10/28/2014	Date of Injury:	08/07/2003
Decision Date:	12/11/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	10/23/2014

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, Orthopedic Surgery 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:

This is a 42 year old male with an 8/7/03 injury date. The mechanism of injury was a slip and fall. In a 7/11/13 follow-up, subjective complaints included lower back pain and left leg pain with tingling, numbness, and weakness. Objective findings included minor lower extremity tremors, diminished muscle mass, positive straight leg raise on the left, decreased range of motion, diminished sensation on the left, and lumbar spine tenderness. In a 9/10/14 follow-up, subjective findings included low back and left leg pain, and the patient had not been seen for three years. On exam there was left lower extremity weakness, calf atrophy, and an antalgic gait. A 5/18/12 lumbar MRI showed posterior fusion of L4-S1 with intervertebral disc spacer devices present, complete incorporation of the fused disc spaces, and L3-4 through L5-S1 facet arthropathy. A 2012 lumbar CT showed a solid fusion with the S1 screws slightly medial to the pedicles, which might be causing irritation of the S1 nerve. Diagnostic impression: lumbar stenosis, degenerative disc disease, spondylosis. Treatment to date: lumbar spine surgery X 3, medications, physical therapy. A UR decision on 9/22/14 denied the request for posterior removal of instrumentation with L4-S1 decompression on the basis that there is no documentation noting nerve root compression on imaging or a recent comprehensive non-operative treatment protocol trial/failure. The requests for inpatient stay, pre-op chest x-ray, pre-op labs, and pre-op EKG were denied because the associated surgical procedure was not certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Posterior removal of instrumentation decompression L4-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Hardware removal

Decision rationale: In regard to lumbar decompression, CA MTUS states that surgical intervention is recommended for patients who have severe and disabling lower leg symptoms in the distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise; activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms; 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; and failure of conservative treatment. CA MTUS does not address the issue of hardware removal. ODG states that if a hardware injection can eliminate the pain by reducing the swelling and inflammation near the hardware, the surgeon may decide to remove the patient's hardware. However, in this case there is no clear objective evidence of radiculopathy at any specific level either on imaging or on physical exam. The exam findings are vague and do not correlate with a specific level, and there is no unambiguous evidence of nerve compression on the available imaging studies. In addition, there is no documentation of an attempt at and failure of a comprehensive conservative treatment protocol. It has not been established that the existing hardware is the source of the patient's current symptoms or is a pain generator at any specific level. Therefore, it is not clear that removal of existing implants would have any significant benefit. The medical necessity of the proposed procedure has not been established. Therefore, the request for posterior removal of instrumentation decompression L4-S1 is not medically necessary.

Associated surgical service: Facility: Inpatient x 1 day: 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.

Associated surgical service: Pre-op 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.

Associated surgical service: Pre-op labs: CBC, CMET, PT, PTT, UA: 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..

Associated surgical service: Pre-op EKG: 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.