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| Case Number: | CM14-0184204 | | |
| Date Assigned: | 11/12/2014 | Date of Injury: | 09/02/2009 |
| Decision Date: | 12/15/2014 | UR Denial Date: | 10/27/2014 |
| Priority: | Standard | Application Received: | 11/05/2014 |

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, has a subspecialty in Spine Surgeon 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 50-year-old female with a 9/2/09 date of injury, and posterior L4-S1 fusion on 1/16/14. At the time (10/27/14) of the Decision for Anterior lumbar interbody fusion L4-S1, removal of hardware right L5 foraminotomy and probable revision fusion with or without re-instrumentation and Associated surgical service: Bone growth stimulator for purchase, there is documentation of subjective (back pain radiating to right leg as well as toes and weakness of left leg) and objective (tenderness over lumbosacral spine with decreased range of motion and positive right straight leg raise) findings, imaging findings (reported MRI lumbar spine (4/23/14) revealed posterior hardware at L4-5 and L5-S1 and moderate L5 foraminal stenosis; report not available for review), current diagnoses (pseudoarthrosis of L4-S1 with residual L5 radiculopathy), and treatment to date (physical therapy, lumbar injections, and medications). There is no documentation of objective findings which confirm presence of radiculopathy; an imaging report; and an Indication for fusion (instability OR a statement that decompression will create surgically induced instability).

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior lumbar interbody fusion L4-S1, removal of hardware right L5 foraminotomy and probable revision fusion with or without re-instrumentation: Upheld

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

Complaints. Decision based on Non-MTUS Citation Official disability Guidelines (ODG), Low Back. Fusion (Spinal), Hardware Implant Removal (Fixation), Indications for Surgery, Discectomy/Laminectomy

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation ODG: Low Back Discectomy/laminectomy and Fusion (spinal)

Decision rationale: MTUS reference to ACOEM identifies documentation of 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; Failure of conservative treatment; and an Indication for fusion (instability OR a statement that decompression will create surgically induced instability), as criteria necessary to support the medical necessity of laminotomy/fusion. ODG identifies documentation of Symptoms/Findings which confirm presence of radiculopathy, objective findings that correlate with symptoms and imaging findings in concordance between radicular findings on radiologic evaluation and physical exam findings, as criteria necessary to support the medical necessity of decompression/laminotomy. Within the medical information available for review, there is documentation of a diagnosis of pseudoarthrosis of L4-S1 with residual L5 radiculopathy. In addition, given documentation of subjective (back pain radiating to right leg as well as toes) findings, there is documentation of lower leg symptoms which confirms presence of radiculopathy. Furthermore, there is documentation of failure of conservative treatment. However, despite non-specific documentation of objective (tenderness over lumbosacral spine with decreased range of motion and positive right straight leg raise) findings, there is no specific (to a nerve root distribution) documentation of objective findings which confirm presence of radiculopathy. In addition, despite documentation of medical reports' reported imaging findings (MRI of lumbar spine identifying posterior hardware at L4-5 and L5-S1 and moderate L5 foraminal stenosis), there is no documentation of an imaging report. Furthermore, there is no documentation of an Indication for fusion (instability OR a statement that decompression will create surgically induced instability). Therefore, based on guidelines and a review of the evidence, the request for Anterior lumbar interbody fusion L4-S1, removal of hardware right L5 foraminotomy and probable revision fusion with or without re-instrumentation is not medically necessary.

Associated surgical service: Bone growth stimulator for purchase: 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.