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| Case Number: | CM14-0024391 | | |
| Date Assigned: | 06/11/2014 | Date of Injury: | 01/08/2007 |
| Decision Date: | 07/15/2014 | UR Denial Date: | 02/10/2014 |
| Priority: | Standard | Application Received: | 02/26/2014 |

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 Neurological 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:

The injured worker is a 47-year-old male injured on 1/8/2007, while working on a boat. The injured worker underwent a lumbar fusion at L5-S1 in 2011 that then developed a pseudoarthrosis. The most recent progress notes, dated 12/19/2013 and 12/23/2013, indicated that there were ongoing complaints of low back pain with radiation to the right lower extremity. Physical examination demonstrated well healed scar, no paraspinous tenderness, range of motion: flexion 30, extension 10 with pain in all directions, positive straight leg raise on the right, motor strength 5/5, deep tendon reflexes: 1+ patellar, 0 Achilles bilaterally; diminished sensation in the right lateral foot; normal gait and heel-to-toe walking. Plain radiographs of the lumbar spine, dated 9/5/2013, showed an anterior/posterior fusion at L5-S1 with lucency between the L5 interior endplate and interbody graph material with halos around S1 screws. MRIs of the lumbar spine, dated 10/8/2012 and 10/9/2013, showed facet arthropathy at L3-L4, disc bulge and facet arthropathy at L4-L5 without canal stenosis. EMG/NCV study, dated 11/1/2013, showed no evidence of radiculopathy. Diagnoses: Lumbar radiculopathy, pseudoarthrosis at L5-S1. Previous treatment included aquatic therapy, spinal cord stimulator trial, lumbar epidural steroid injections, facet injections and medications. A request had been made for on re-do L5-S1 fusion with fixation and two laminectomy L4-L5 with posterior interbody and lateral fusion, which was not medically necessary in the pre-authorization process on 2/10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

RE-DO L5-S1 FUSION WITH FIXATION: Overturned

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 rationale: The American College of Occupational and Environmental Medicine (ACOEM), practice guidelines do not support spinal fusion in the absence of fracture, dislocation, complications of a tumor or infection. Review of the available medical records document lucency within the L5-S1 interbody fusion and halos around the pedicle screws consistent with a pseudoarthrosis and/or interbody fusion fracture with motion. Given that the guidelines support a spinal fusion for fracture in the risk of hardware fracture in the future, this request is considered medically necessary.

LAMINECTOMIES, L4-5, POSTERIOR INTERBODY AND LATERAL FUSION:
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 rationale: The American College of Occupational and Environmental Medicine (ACOEM) guidelines do not recommend a lumbar fusion as a treatment option for patients with chronic radiculopathy or chronic back pain. Although the injured worker has a well-documented pseudoarthrosis at L5-S1, which should be addressed, the extension of the previous fusion is not supported by the treatment guidelines. As such, this request is not medically necessary.