

Case Number:	CM14-0026143		
Date Assigned:	06/13/2014	Date of Injury:	04/09/2010
Decision Date:	08/07/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	02/28/2014

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 Ortho Spine Surgery and is licensed to practice in New York. 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:

Patient has a date of injury of April 9, 2010. He is status post multiple lumbar procedures including a spinal cord stimulator. He continues to complain of chronic low back pain. He feels his left leg is becoming weaker. He walks with his leg in a flexed position. He has restricted thoracolumbar range of motion. On physical examination the patient has a dysfunctional gait with loss of balance. Reflexes are decreased in lower extremities. Left knee extensor strength in EHL is 4+ over 5. Right ankle plantar <R45. There is decreased sensation L5-S1 bilaterally. Lumbar radiographs show evidence of interbody fusions from L2-L5. There is a kyphotic lumbar deformity. There is no lucency of interbody grafts. There severe arthritis at L5-S1. Patient has spinal cord stimulation L3-S1. CT scan shows lumbar fusion from L2-L5 with posterior instrumentation at L2-3 and all screw tracts at L4-5. EMG study from January 2013 shows mild evidence of right L5 and S1 sensory dysfunction. CT scan suggest possibility of pseudoarthrosis at L4-5. There is no flexion-extension x-rays in the chart. At issue is whether major thoracolumbar revision fusion surgery with osteotomy is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

T12-S1 REVISION DECOMPRESSION WITH FUSION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), http://www.odg-twc.com/odgtwc/low_back.htm#Fusion.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307-322. Decision based on Non-MTUS Citation ODG low back chapter.

Decision rationale: This patient does not meet establish criteria for revision thoracolumbar deformity surgery with osteotomy. Specifically there is an incomplete workup for lumbar flat back. Coronal and sagittal alignment in the thoracic lumbar spine have not been adequately evaluated and reported the medical records. In addition there no flexion-extension views and the medical records. It is unclear to what extent the patient has had conservative measures to include physical therapy. The patient had previous gastric bypass surgery which is ill defined in the medical records and could possibly effect spinal surgery outcome. Criteria for revision decompression are also not met as a clinical examination does not document specific radiculopathy that correlates with imaging study showing specific nerve root compression. The patient does not meet criteria for thoracolumbar deformity surgery with osteotomy and revision decompression at this time.

L3-4 PEDICLE SUBTRACTION OSTEOTOMIES FOR CORRECTION OF KYPHOTIC DEFORMITY FOR RESTORATION OF SPINAL ALIGNMENT: 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: There is no documentation of adequate evaluation of the patient's deformity in the coronal sagittal planes. It is unclear what extent the patient has a major spinal deformity that would require surgery. The diagnosis of flat back syndrome and lumbar kyphosis has not been adequately evaluated. More detail as needed in the medical records. Flexion-extension views have not been performed. The results of conservative measures to include physical therapy have not been adequately describe.

ANTERIOR L5-S1 INTERBODY FUSION WITH ILIAC CREST BONE GRAFT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), http://www.odg-twc.com/odgtwc/low_back.htm#Fusion.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since surgery is not needed then all other associated items are not needed.

HOSPITAL STAY (X4DAYS): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since surgery is not needed then all other associated items are not needed.

PREOPERATIVE MEDICAL CLEARANCE: 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 surgery is not needed then all other associated items are not needed.

CHEST X-RAY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape:
<http://emedicine.medscape.com/article/285191-overview#a1>.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since surgery is not needed then all other associated items are not needed.

LABS (UNSPECIFIED): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape:
<http://emedicine.medscape.com/article/285191-overview#a1>.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since surgery is not needed then all other associated items are not needed.

ELECTROCARDIOGRAM: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape:
<http://emedicine.medscape.com/article/285191-overview#a1>.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since surgery is not needed then all other associated items are not needed.

PSYCHOLOGICAL CLEARANCE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since surgery is not needed then all other associated items are not needed.

ELEVATED TOILET SEAT: 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 surgery is not needed then all other associated items are not needed.

FRONT WHEEL WALKER: 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 surgery is not needed then all other associated items are not needed.

REACHER/GRABBER: 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 surgery is not needed then all other associated items are not needed.

LUMBAR BRACE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since surgery is not needed then all other associated items are not needed.

ORTHOFIX EXTERNAL BONE GROWTH STIMULATOR: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since surgery is not needed then all other associated items are not needed.

POST OPERATIVE PHYSICAL THERAPY LAND (X9): 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 surgery is not needed then all other associated items are not needed.