

Case Number:	CM14-0027174		
Date Assigned:	06/13/2014	Date of Injury:	08/30/2000
Decision Date:	07/16/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/03/2014

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 Spinal Surgeon 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:

The patient is a 51-year-old male with a long history of back pain. He has worsening back pain over the last year. The patient had previous back fusion surgery. Physical examination shows reduced range of motion spine secondary to pain. The patient has normal sensory motor and deep tendon reflexes. MRI from January 2014 shows L3-4 degenerative disc with facet arthritis and stenosis. There is stenosis at L4-5 and L5-S1. At issue is whether L3-4 lateral interbody fusion is medically necessary. At issue is whether posterior pedicle screw fusion and removal of hardware is also needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

L3-4 FUSION EXTREME LATERAL INTERBODY FUSION (XLIF): 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): 307-322.

Decision rationale: This patient does not meet establish criteria for lumbar fusion. Specifically there is no documented evidence of lumbar instability, fracture or concern for tumor. The patient has lumbar degenerative disc condition. Lumbar fusion has not been shown to be more

beneficial than conservative measures for degenerative disc condition. Criteria for lumbar fusion are not met. Given the above the request is not medically necessary.

POSTERIOR PEDICLE SCREW FUSION AT L3-L4, ABOVE L4-L5 AND L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Other Clinical Protocol.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307-322.

Decision rationale: Other Medical Treatment Guideline or Medical Evidence, this patient does not meet establish criteria for lumbar fusion and pedicle screw fixation. There is no documented evidence of lumbar instability, fracture or tumor. Multiple level posterior pedicle screw fusion is not medically necessary.

PEDICLE SCREW FUSION AND REMOVAL OF L4-L5 AND L5-S1 RODS AND SCREWS.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Other Clinical Protocol.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307-322. Decision based on Non-MTUS Citation Official Disability Guideline Low back pain.

Decision rationale: Guidelines of hardware and pedicle screw fixation in the lumbar spine are not met. He is no documentation of pseudarthrosis or painful hardware. The patient has not had an injection demonstrating painful hardware. Criteria for removal of hardware not met criteria for pedicle screw fixation not met. There is no evidence of instability fracture to the lumbar spine. Given the above the request is not medically necessary.

(2) DAYS INPATIENT HOSPITAL STAY: 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.