

Case Number:	CM14-0037631		
Date Assigned:	06/25/2014	Date of Injury:	07/28/1997
Decision Date:	07/29/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	03/28/2014

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 Orthopedic 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:

The patient is a 60-year-old male with a date of injury of July 28, 1997. He has chronic low back pain, and underwent L3-S1 posterior fusion in November 1997, with continued chronic back pain. A Lumbar MRI from October 2013 shows previous laminectomies at L3-S1 with fusion of these vertebrae. There is a fluid collection posterior to the thecal sac at L4-5 which is postsurgical, and there is marked central stenosis at L2-3. A CT scan of the lumbar spine from February 2014 shows bony bridging across L3-4 and L4-5 interspace, and marked degree of stenosis at L2-3. Conservative measures include medications, transcutaneous electrical nerve stimulation (TENS) unit, and Lidoderm patch, as well as narcotics. On physical examination he has decreased range of motion to the lumbar spine, and straight leg raising is negative. A neurological exam shows normal motor strength and normal sensation in the bilateral lower extremities with normal reflexes. At issue is whether or not the revision decompression fusion surgeries are medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

L2-3 Decompression and Fusion (Transforaminal Lumbar Interbody Fusion (TLIF) with L3-S1 hardware removal and fusion exploration: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter - Fusion (spinal).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:MTUS Low Back ChapterODG Low Back Chapter.

Decision rationale: The patient does not meet criteria for revision decompression and fusion surgery at this time. Specifically, the medical records do not document a recent trial and failure of physical therapy. Adequate conservative measures have not been tried and failed at this time. In addition criteria for hardware removal are not met. There is no documentation of previous hardware block showing that the patient's hardware is symptomatic. There is no evidence of infection. The patient's imaging studies do show L2-3 spinal stenosis, but this has not changed since the patient's MRI from October 2013. Also the physical examination do not show any findings suggesting a neurologic deficit. The medical records also indicate that the patient is a smoker and there is no evidence of tobacco cessation on record. Additionally, there is no documented instability in the lumbar spine. Therefore, the request is not medically necessary.