

<b>Case Number:</b>	CM14-0046413		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	08/05/2003
<b>Decision Date:</b>	08/01/2014	<b>UR Denial Date:</b>	03/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2014

### 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 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 claimant is a 50-year-old man who injured his low back on August 5, 2003. The records provided for review document a surgical history including lumbar fusion from the L4 through S1 level; however, the date of surgery was not clear. The follow-up assessment on January 29, 2014, noted increased complaints of back pain, worse with forward flexion. The physical examination revealed tenderness over instrumentation with no evidence of erythema, drainage, or radicular findings. Reviewed at the time of examination was a CT scan of the lumbar which showed evidence of the prior surgery, continued left neural foraminal narrowing at the L4-5 level with mild encroachment upon the exiting left L5 nerve root, osteophyte spurring at the L5-S1 resulting in mild encroachment and disc bulging upon the exiting right L5 nerve root. The medical records document that the claimant had failed conservative care including activity modification and medication management. No other imaging reports were available for review. There is a current request for revision fusion surgery at the L4 through S1 level with removal of prior instrumentation and the postoperative use of a brace.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pedicle screw instrumentation removal L4 L5, S1:** 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), Low Back Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on the Non-MTUS Official Disability Guidelines (ODG), Low Back Procedure chapter: Hardware Implant Removal (Fixation).

**Decision rationale:** The California MTUS and the American College of Occupational and Environmental Medicine (ACOEM) do not address this request. Based on the ODG, hardware removal would not be indicated. In this case, there is no clear indication that the claimant's symptoms are attributed to hardware failure or hardware breakdown to support the need of hardware removal. There is no documentation of physical examination findings that would support the role of repeat surgery. The request for instrumentation removal from the L4 through S1 level would not be indicated. As such, the request is not medically necessary.

**Possible posterolateral fusion mass augmentation with allograft/bone morphogenic protein L4, L5, S1:** 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), Low Back Chapter and Neck Chapter.

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

**Decision rationale:** The California ACOEM Guidelines would not support the request for revision fusion procedure at the L4 through S1 level. The medical records do not document the presence of malunion or pseudoarthrosis at the L4-5 or L5-S1 level based on imaging. Without documentation of failure of the prior fusion process, a revision procedure to include augmentation with bone grafting at the L4 through S1 level cannot be recommended as medically necessary.

**Inpatient Length of Stay (IP LOS):** 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), Low Back Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on the Non-MTUS Official Disability Guidelines (ODG), Low Back Procedure chapter: Fusion (Spinal) - Hospital Length of Stay (LOS).

**Decision rationale:** The request for removal of instrumentation and revision of the fusion at L4 through S1 level is not recommended as medically necessary. Therefore, the request for an inpatient hospital stay would also not be medically necessary.