

Case Number:	CM14-0046496		
Date Assigned:	07/02/2014	Date of Injury:	12/17/2010
Decision Date:	08/13/2014	UR Denial Date:	04/07/2014
Priority:	Standard	Application Received:	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 Surgeon 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 50-year-old male who reported an injury on 12/17/2010. The mechanism of injury was not specifically stated. Current diagnoses include status post posterior lumbar interbody fusion at L4-5 and L5-S1 and moderate left foraminal stenosis at L4-5 and L5-S1. The injured worker was evaluated on 03/06/2014 with complaints of persistent pain radiating into the left lower extremity. Previous conservative treatment was not mentioned. Physical examination on that date revealed no acute distress, a guarded gait, restricted and painful lumbar range of motion, intact motor function of the lower extremities, and decreased sensation to light touch in the left lateral foot and calf. Treatment recommendations at that time included removal of the posterior spinal implants with exploration of the spinal fusion, laminectomy, and revision fusion. It is noted that the injured worker underwent a CT scan of the lumbar spine on 02/28/2014, which indicated postsurgical changes and orthopedic implants identified at L4 through S1 with no evidence of hardware loosening and moderate narrowing of the left foramina at L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgery - spinal removal of deep spinal implants/exploration of spinal fusion/redo laminectomy L4 & L5/revision fusion L4-L5 and L5 & S1. Inpatient three day stay at Thousand Oaks Surgical Hospital: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Laminectomy/Laminotomy.

MAXIMUS 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, Hardware Removal, Fusion, Hospital Length of Stay.

Decision rationale: California Medical Treatment Utilization Schedule MTUS/ American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Practice Guidelines state a referral for surgical consultation is indicated for patients who have severe and disabling lower extremity symptoms, activity limitation for more than 1 month, clear clinical, imaging, and electrophysiologic evidence of a lesion and a failure of conservative treatment. Official Disability Guidelines state hardware implant removal is not recommended except in the case of broken hardware or persistent pain after ruling out other causes of pain such as infection and nonunion. As per the documentation submitted, there is no evidence of an exhaustion of conservative treatment following the initial procedure that would warrant the need for a second surgical intervention. There is no evidence of spinal instability upon flexion and extension view radiographs. There is no evidence of broken hardware. Based on the clinical information received and the above mentioned guidelines, the request is not medically necessary and appropriate.

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 the primary procedure is not medically necessary, none of the associated services are medically necessary.

MRI - updated for surgical planning using an open machine, lumbar spine: 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.

Durable medical equipment - post-operative Vasotherm Cold Compression unit, lumbar spine: 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.

Durable medical equipment - post-operative bone growth stimulator, lumbar spine: 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.