

Case Number:	CM14-0049557		
Date Assigned:	07/07/2014	Date of Injury:	01/29/2010
Decision Date:	08/06/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/17/2014

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 Oklahoma, Texas, California and Tennessee. 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 32 year old male who reported an injury to his low back. The clinical note dated 02/03/14 indicates the injured worker reporting low back pain. The injured worker had undergone a psychosocial evaluation and being uncooperative with testing at the time of the evaluation. The injured worker stated that he was continuing with chronic pain. The injured worker did not complete all materials and was recommended for a reevaluation at that time. The supplemental report dated 02/11/14 indicates the Beck Depression Inventory score falling within the severe depressive range and the Beck Anxiety Inventory score following within the moderate anxiety range. The clinical note dated 03/13/14 indicates the injured worker complaining of a 6 month history of low back pain. The injured worker had previously undergone a 2 level fusion from L4 to S1 in December of 2012. A subsequent computed tomography scan revealed adjacent segment disease. The note indicates the magnetic resonance imaging (MRI) being read as a small foraminal narrowing towards the right at L4-5. No possible contact was identified at the exiting L4 nerve root. The clinical note dated 04/23/14 indicates the injured worker sleeping up to 4-5 hours each night. The injured worker continued with a similar pain score with general benefit from analgesia and utilizing Fentanyl and Percocet for pain relief at that time. The note also indicates the injured worker continuing with the use of Percocet, oxycodone and Fentanyl. The injured worker also admitted to marijuana use. Upon exam, the injured worker was identified as having a positive straight leg raise on the left. No meaningful range of motion was identified in the lumbar region. Tenderness was identified over the paraspinal musculature. The MRI of the lumbar spine dated 09/17/13 revealed extensive changes at the L4-5 and L5-S1 levels. The metallic fusion appears to be intact with satisfactory positioned hardware. A disc bulge was identified at L4-5. The clinical note dated 05/12/14 indicates the injured worker

complaining of numbness and weakness in the left lower extremity, ambulating with a limp and rated the low back pain as 8-9/10. 5911

IMR ISSUES, DECISIONS AND RATIONALES

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

Instrumentation removal and exploration of fusion from L4-S1 with revision laminectomy and microdiscectomy from L4-S1 and posterior fusion from L4-S1 to be performed as an Inpatient Procedure: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines (http://www.odg-twc.com/odgtwc/low_back.htm).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307.

Decision rationale: The documentation indicates the injured worker complaining of ongoing low back pain despite the previous fusion from L4 to S1. Hardware removal would be indicated in the lumbar region provided the injured worker meets specific criteria to include the injured worker having responded appropriately to a previous hardware block. Additionally, a lumbar fusion and laminectomy with a microdiscectomy would be indicated provided the injured worker meets specific criteria to include significant clinical findings identified by exam following the completion of all conservative treatments. No information was submitted regarding the injured worker's previous injection to evaluate the status of the implanted hardware or previous completion of any conservative treatments addressing the low back complaints to include therapeutic interventions and injections. Additionally, there is an indication the injured worker is complaining of weakness and sensation deficits in the lower extremities; however, no information was submitted regarding the location and distribution of the specific radiculopathy. Therefore this request is not indicated as medically necessary.