

Case Number:	CM14-0056907		
Date Assigned:	06/04/2014	Date of Injury:	06/17/2008
Decision Date:	07/14/2014	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	04/28/2014

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, has a subspecialty in Spine 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:

This is a 27-year-old female with a 6/14/08 date of injury. She was seen on 2/26/14 for a neurosurgical consult as it was noted she had not been seen in 3 years. She is status post global arthrodesis performed on 7/11 at L4/5, L5/S1. Her pain had improved after the surgery but she has recently noticed pain in the incisional region and hardware region in the posterior midlumbar region, which varied between a 4-8/10 on VAS. She also has pain in the legs. Exam findings revealed mild guarding, mild diminished left heel walking, toe walking, and heel to toe raising. The patient's gait was normal. There was sensory loss at the L4/5/S1 distribution in the left lateral calf and foot. The incision site was clean with no erythema or swelling. A CT myelogram from 8/13/13 revealed an interbody fusion at L4/5 and L5/S1 with dorsolateral transverse process facet fusion and bony hypertrophy or exostosis on the right at S1. The recommendation was for hardware removal of vertical rods and pedicle screws and a re-exploration laminectomy as the hyperostosis may be causing foraminal encroachment and nerve root impingement. The patient was seen on 4/2/14 with complaints of low back pain and bilateral radiculopathy. The lumbar spine exam was noted to be tender at the prior surgical level. Gait and muscle tone was normal and there was no evidence of spasm. Straight leg raise was normal on the right, and positive on the left but only in a seated position. Range of motion of the lumbar spine was normal but painful with movement. No strength deficits were noted. The patient is also noted to suffer from depression and anxiety.

IMR ISSUES, DECISIONS AND RATIONALES

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

INTRAOPERATIVE NEUROMONITORING THROUGH QUANTUM: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Neurophysiological monitoring.

Decision rationale: MTUS does not address this issue. Per ODG Intraoperative neurophysiological monitoring is utilized in attempts to minimize neurological morbidity from operative manipulations. As surgery was not medically necessary, the request for intraoperative neuromonitoring through quantum was not medically necessary.

IN PATIENT STAY FOR 1 DAY: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Length of Stay.

Decision rationale: MTUS does not address this issue. As surgery was not medically necessary, the request for an inpatient hospital stay for 1 day was also not medically necessary.

ASSISTANT SURGEON: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Association of Orthopaedic Surgeons Position Statement Reimbursement of the First Assistant at Surgery in Orthopaedics.

Decision rationale: CA MTUS/ ODG does not address does not address assistant surgeon. Given the surgery was not medically necessary, as assistant surgeon was also not medically necessary.

HARDWARE REMOVAL AT L4-5, L5-S1 WITH RE-EXPLORATION LAMINECTOMY: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: ODG states that if a hardware injection can eliminate the pain by reducing the swelling and inflammation near the hardware, the surgeon may decide to remove the patient's hardware. CA MTUS states that surgical intervention is recommended for patients who have severe and disabling lower leg symptoms in the distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise; activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms; clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long-term from surgical repair; and failure of conservative treatment. This is a 27-year-old female with an interbody fusion with hardware at L4/5 and L5/S1 in 2011. She was doing well for 3 years. She has had worsening complaints of radiculopathy and low back symptoms recently. She is noted to have tenderness over the surgical site. There is no mention of swelling of inflammation near the hardware or around the incision site. A CT myelogram revealed an interbody fusion with a bony hypertrophy on the right at S1. The myelogram radiologist report was not available for review. There was apparently some sensory loss at the L4-S1 dermatomes on the left in the calf and foot, however there is no prior exam when the patient was without pain to compare findings. It is unclear if this is a new finding or not. The patient has full motor strength, and there is no clear evidence that the bony hypertrophy is encroaching on a nerve root as this is a suspicion. In addition the nerve root in question was not identified, and there is no electrophysiological evidence of where the lesion is which is causing the patient to be symptomatic. There is no imaging or clinical evidence of swelling near the hardware. Thus, the request as submitted was not medically necessary.