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| Case Number: | CM14-0057683 | | |
| Date Assigned: | 08/08/2014 | Date of Injury: | 05/13/2003 |
| Decision Date: | 09/18/2014 | UR Denial Date: | 04/08/2014 |
| 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 and is licensed to practice in Texas. 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 43-year-old male who reported an injury on 05/13/2003. The mechanism of injury was not specifically stated. The current diagnoses include status post lumbar fusion and lumbar myofascial pain syndrome. The injured worker was evaluated on 03/26/2014. It is noted that the injured worker underwent a 2 level lumbar fusion at L4-S1 in 2013. The injured worker presented with ongoing lower back pain. The current medication regimen includes naproxen, Vicodin, Aleve, Flexeril, Neurontin, and Opana ER. The physical examination on that date revealed tenderness to palpation over the hardware sites, tenderness over the paraspinal muscles, normal motor strength in the lower extremities, and negative straight leg raising. It is noted that a CT scan of the lumbar spine was obtained on 02/19/2014, which indicated posterior fixation from L4-S1 with a solid arthrodesis at L5-S1. Treatment recommendations at that time included instrumentation removal and exploration of fusion from L4-S1 with an additional posterior spinal fusion from L4-S1. There was no Request for Authorization Form submitted for the current request. The injured worker's CT scan of the lumbar spine obtained on 02/19/2014 was provided for this review, which revealed no hardware complications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fusion removal from L4-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) - Lumbar Chapter Hardware Removal.

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, Fusion (spinal), Hardware Implant Removal.

Decision rationale: The California MTUS/ACOEM 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 electrophysiological evidence of a lesion, and failure of conservative treatment. The Official Disability Guidelines do not recommend the routine removal of hardware implanted for fixation, except in the case of broken hardware or persistent pain after ruling out other causes of pain such as infection and nonunion. Preoperative surgical indications for a spinal fusion should include the identification and treatment of all pain generators, the completion of all physical medicine and manual therapy interventions, documented instability upon x-ray or CT myelogram, spine pathology limited to 2 levels, and a psychosocial screening. As per the documentation submitted, the injured worker is status post lumbar fusion at L4-S1. There is no documentation of hardware abnormality upon CT scan. There is no mention of an attempt at recent conservative treatment prior to the request for an additional surgical procedure. There was no documentation of spinal instability upon flexion/extension view radiographs. Based on the clinical information received, the current request cannot be determined as medically appropriate at this time. As such, the request is not medically necessary.

Exploration of spinal fusion L4-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) - Lumbar Chapter Fusion (spinal).

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, Fusion (spinal), Hardware Implant Removal.

Decision rationale: The California MTUS/ACOEM 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 electrophysiological evidence of a lesion, and failure of conservative treatment. The Official Disability Guidelines do not recommend the routine removal of hardware implanted for fixation, except in the case of broken hardware or persistent pain after ruling out other causes of pain such as infection and nonunion. Preoperative surgical indications for a spinal fusion should include the identification and treatment of all pain generators, the completion of all physical medicine and manual therapy interventions, documented instability upon x-ray or CT myelogram, spine pathology limited to 2 levels, and a psychosocial screening. As per the documentation submitted, the injured worker is status post lumbar fusion at L4-S1. There is no documentation

of hardware abnormality upon CT scan. There is no mention of an attempt at recent conservative treatment prior to the request for an additional surgical procedure. There was no documentation of spinal instability upon flexion/extension view radiographs. Based on the clinical information received, the current request cannot be determined as medically appropriate at this time. As such, the request is not medically necessary.

Posterior spinal fusion L4-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) - Lumbar Chapter Fusion (spinal).

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, Fusion (spinal), Hardware Implant Removal.

Decision rationale: The California MTUS/ACOEM 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 electrophysiological evidence of a lesion, and failure of conservative treatment. The Official Disability Guidelines do not recommend the routine removal of hardware implanted for fixation, except in the case of broken hardware or persistent pain after ruling out other causes of pain such as infection and nonunion. Preoperative surgical indications for a spinal fusion should include the identification and treatment of all pain generators, the completion of all physical medicine and manual therapy interventions, documented instability upon x-ray or CT myelogram, spine pathology limited to 2 levels, and a psychosocial screening. As per the documentation submitted, the injured worker is status post lumbar fusion at L4-S1. There is no documentation of hardware abnormality upon CT scan. There is no mention of an attempt at recent conservative treatment prior to the request for an additional surgical procedure. There was no documentation of spinal instability upon flexion/extension view radiographs. Based on the clinical information received, the current request cannot be determined as medically appropriate at this time. As such, the request is not medically necessary.

Posterior spinal fusion L4-S1 additional level: 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) - Lumbar Chapter Fusion (spinal).

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, Fusion (spinal), Hardware Implant Removal.

Decision rationale: The California MTUS/ACOEM 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

electrophysiological evidence of a lesion, and failure of conservative treatment. The Official Disability Guidelines do not recommend the routine removal of hardware implanted for fixation, except in the case of broken hardware or persistent pain after ruling out other causes of pain such as infection and nonunion. Preoperative surgical indications for a spinal fusion should include the identification and treatment of all pain generators, the completion of all physical medicine and manual therapy interventions, documented instability upon x-ray or CT myelogram, spine pathology limited to 2 levels, and a psychosocial screening. As per the documentation submitted, the injured worker is status post lumbar fusion at L4-S1. There is no documentation of hardware abnormality upon CT scan. There is no mention of an attempt at recent conservative treatment prior to the request for an additional surgical procedure. There was no documentation of spinal instability upon flexion/extension view radiographs. Based on the clinical information received, the current request cannot be determined as medically appropriate at this time. As such, the request is not medically necessary.

Post-operative physical therapy 3 X 6: 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.

Post-operative lumbar brace: 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.

Post operative 1 box island bandage: 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.