

Case Number:	CM14-0084513		
Date Assigned:	07/23/2014	Date of Injury:	05/13/2005
Decision Date:	09/23/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	06/06/2014

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 Spine Surgeon 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 48-year-old male who reported an injury on 05/13/2005 while performing heavy lifting. The current diagnoses included status post fusion from L3-5, low back pain, left lower limb radiculopathy, and post lumbar laminectomy syndrome. The injured worker was evaluated on 04/02/2014 with complaints of persistent lower back pain and left lower extremity symptoms. It is noted that the injured worker underwent decompression and fusion and L3-4 on 03/12/2012. Previous conservative treatment is noted to include medications, physical therapy, and home exercise. Physical examination revealed tenderness over the scar area and over the lumbar paraspinal muscles, left sciatic notch tenderness, painful and restricted lumbar range of motion, and negative straight leg raising. Decreased sensation to pinprick and rolling wheel over the anterolateral aspect of the left thigh and calf was also noted. X-rays obtained on 04/02/2014 indicated a solid fusion from L3-5 with posterior segmental instrumentation in a satisfactory position with no evidence of loosening. Treatment recommendations at that time included a revision laminectomy with exploration of the fusion and removal of the posterior segmental instrumentation. The injured worker underwent an MRI of the lumbar spine on 09/25/2013, which indicated post lower lumbar laminectomy and fusion at L3-4. The injured worker also underwent electrodiagnostic studies on 12/02/2013, which indicated lumbosacral radiculopathy. A Request for Authorization form was submitted on 04/11/2014 for a lumbar spine surgery, an assistant surgeon, a postoperative walker, and postoperative physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Removal of Posterior segmental instrumentation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG(Official Disability Guidelines)/TWC(treatment in workers compensation).

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 implant removal (fixation).

Decision rationale: California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation is indicated for injured workers 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. The Official Disability Guidelines(ODG) 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. The injured worker does not appear to meet criteria for the requested procedure. X-rays obtained on 04/02/2014 indicated a solid fusion from L3-5 with posterior segmental instrumentation in a satisfactory position without evidence of loosening of the hardware. The medical necessity for hardware removal has not been established. The injured worker's physical examination only revealed painful and restricted range of motion of the lumbar spine with tenderness to palpation. The injured worker is noted to have undergone conservative treatment in the form of medication, physical therapy, and home exercise. However, there is no mention of injections at the hardware site to support this site as a pain generator. There is no specific objective evidence of motor deficit or positive provocative testing to support the diagnosis of a lumbar nerve root impingement. Based on the clinical information received and the above mentioned guidelines, the current request for a revision laminectomy, exploration of fusion, neurolysis of the nerve roots at L3-5, and removal of the posterior segmental instrumentation, cannot be determined as medically appropriate at this time. As such, this request is not medically necessary.

Neurolysis of the nerve roots L3-L4 and L4-L5: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG(Official Disability Guidelines)/TWC(treatment in workers compensation).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306.

Decision rationale: California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation is indicated for injured workers 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. The Official Disability Guidelines (ODG) 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. The injured worker does not appear to meet criteria for the requested procedure. X-rays obtained on 04/02/2014 indicated a solid fusion from L3-5 with posterior segmental instrumentation in a satisfactory position without evidence of loosening of the hardware. The medical necessity for hardware removal has not been established. The injured worker's physical examination only revealed painful and restricted range of motion of the lumbar spine with tenderness to palpation. The injured worker is noted to have undergone conservative treatment in the form of medication, physical therapy, and home exercise. However, there is no mention of injections at the hardware site to support this site as a pain generator. There is no specific objective evidence of motor deficit or positive provocative testing to support the diagnosis of a lumbar nerve root impingement. Based on the clinical information received and the above mentioned guidelines, the current request for a revision laminectomy, exploration of fusion, neurolysis of the nerve roots at L3-5, and removal of the posterior segmental instrumentation, cannot be determined as medically appropriate at this time. As such, this request is not medically necessary.

Assistant surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Americal college of surgeons.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the injured worker's surgery procedure has not been authorized, the current request is also not medically appropriate at this time.

Revision laminectomy, exploration of fusion: 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): 305-306.

Decision rationale: California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation is indicated for injured workers 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. The Official Disability Guidelines (ODG) 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. The injured worker does not appear to meet criteria for the requested procedure. X-rays obtained on 04/02/2014 indicated a solid fusion from L3-5 with posterior segmental instrumentation in a satisfactory position without evidence of loosening of the hardware. The medical necessity for hardware removal has not been established. The injured worker's physical examination only revealed painful and restricted range of motion of the lumbar spine with tenderness to palpation. The injured worker is noted to have undergone conservative treatment in the form of medication, physical therapy, and home exercise. However, there is no

mention of injections at the hardware site to support this site as a pain generator. There is no specific objective evidence of motor deficit or positive provocative testing to support the diagnosis of a lumbar nerve root impingement. Based on the clinical information received and the above mentioned guidelines, the current request for a revision laminectomy, exploration of fusion, neurolysis of the nerve roots at L3-5, and removal of the posterior segmental instrumentation, cannot be determined as medically appropriate at this time. As such, this request is not medically necessary.