

Case Number:	CM14-0086592		
Date Assigned:	07/23/2014	Date of Injury:	08/04/2010
Decision Date:	12/31/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/09/2014

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, has a subspecialty in Spine Surgeon and is licensed to practice in Georgia and South Carolina. 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 53-year-old male who reported injury on 08/04/2010. The mechanism of injury was not provided. Diagnostic studies included a CT of the lumbar spine on 04/07/2014. The injured worker was noted to have pedicle screw instrumentation at L4-5 with no encroachment upon the nerves and there was a solid fusion at L4-5. The documentation of 02/28/2014 revealed the injured worker had low back and right leg pain. Medications included Lorcet, Diulladent, diazepam, sertraline, lamotrigine, haloperidol, pantoprazole, and amlodipine which were noted to help him. The physical examination revealed the injured worker was unable to stand. The injured worker could flex to 40 degrees and extend to 30 degrees. The injured worker had a slow deliberate gait and had significant weakness in his lower extremities. The injured worker was unstable while walking. The injured worker had diffuse weakness in the lower extremities. There was 4+ in all major groups. The diagnoses included persistent back pain with right lower extremity radiculopathy status post L4-5 instrumented fusion in 02/2012, probable right L4 screw manipulation, and probable L4-5 pseudoarthrosis. The treatment plan included a CT of the lumbar spine. The documentation of 05/02/2014 revealed the injured worker had right hip rating a 10/10. The lumbar spine range of motion was decreased. Lateral bend was 20 degrees bilaterally and rotation was 45 degrees bilaterally. There was decreased sensation in the L5-S1 dermatomes. The injured worker had x-rays of the lumbar spine which showed pedicle screw instrumentation in place at L4-5. The position of the screws was noted to be somewhat suspect particularly at L4. There was no sign of solid arthrodesis at L4-5 either anteriorly within the interbody cage or in the posterolateral gutter. There was no request for authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-5 removal of hardware and revision right-sided exploration with possible decompression: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Hardware implant removal (fixation)

Decision rationale: The American College of Occupational and Environmental Medicine indicate a surgical consultation may be appropriate for injured workers who have severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies preferably with accompanying objective signs of neural compromise. There should be documentation of activity limitations due to radiating leg pain for more than 1 month or the extreme progression of lower leg symptoms, and 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 documentation of a failure of conservative treatment to resolve disabling radicular symptoms. The Official Disability Guidelines indicate that hardware implant removal is appropriate if there is broken hardware or persistent pain after ruling out other causes of pain such as infection and nonunion. There is a lack of documented rationale requesting the surgical intervention. Additionally, there was a lack of documentation indicating the recent prior conservative care. There is a lack of documented rationale for the removal of hardware. Additionally, there was a lack of documentation of nerve conduction studies to support the necessity for a decompression. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. Given the above, the request for L4-5 removal of hardware and revision right sided exploration with possible decompression is not medically necessary.

Back 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.

Front-wheeled walker: 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.

Physical Therapy 2 X 4 post-op: 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.

Two Day Hospital stay: 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-op evaluation by RN after the first 24 hours that the patient is home or the day after:
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.

Re-evaluation within 6 weeks: 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.