

<b>Case Number:</b>	CM14-0089191		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	02/28/2005
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	06/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/13/2014

### 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 53-year-old male, who reported injury on 02/28/2005. The mechanism of injury was the injured worker missed a step on a ramp and hurt his leg. The prior therapies included physical therapy, a wheeled walker, lumbar epidural steroid injection, psych evaluation; a queen sized bed, a lumbar spine brace and surgical intervention including an open reduction internal fixation of his ankle in 2011, an L4-5 and L5-S1 posterior lateral interbody fusion in 2013, and a surgical cage replacement in 2013. As of 11/26/2013, the injured worker's past medical history included chronic lumbar spine pain, diabetes, restrictive lung disease, obesity, hypertension, anemia of chronic disease, and tobacco usage. The injured worker's medications were noted to include Norco, Soma, Dilaudid, and Klonopin. The documentation of 04/30/2014 revealed the injured worker was losing his balance. After surgery on 09/07/2013, the injured worker's pain improved and most of the numbness was noted to have gotten better in the left leg. The objective findings revealed sensation was decreased in the right posterolateral thigh in an L5 distribution. The injured worker was unable to perform a heel walk. The documentation indicated the range of motion was decreased. The diagnoses included lumbar radiculitis, lumbar disc bulge, and status post fusion at 3 levels. The injured worker underwent an EMG/NCV of the right lower extremity on 07/03/2013, which was prior to the surgical intervention. The documentation of 05/01/2014 revealed that a palpable and audible noise could be heard from the facet joints and there were x-rays taken. There was noted to be no loosening of the screws per the physician. The documentation of 05/23/2014 revealed the injured worker had come in on an emergency basis. The injured worker indicated he had rolled over and heard an extremely loud pop and had steadily increasing bilateral leg pain. The patient had no bowel or bladder disturbance. The physical examination revealed no kyphosis deformity, and there was a slight flattening of the lumbar lordosis. There was tenderness in the paraspinal musculature of the

lumbar region bilaterally with midline tenderness in the lumbar region. There was no muscle spasms noted. The range of motion was decreased. Sensation testing with a pinwheel was "slightly abnormal." The motor strength was "essentially normal." The sciatic nerve compression test was negative bilaterally. Radiographic evidence was taken, including oblique films. The physician documented both sacral screws had a metal fatigue fracture at the junction of the saddle and top of the screw. The diagnoses included L4-5 and L5-S1 fusion with fracture of the sacral screws. The treatment plan included an immediate revision due to metal fatigue fractures. Additionally, the physician documented it appeared the S1 cage was slightly posterior and they were going to perform a revision surgery. In addition to the surgery, postoperative evaluation by an RN, a 2 day hospital stay, Zofran, Duricef, Norco, Sprix nasal spray, postoperative physical therapy, Norco 10/325 mg, Cephalexin 500 mg, and an orthopedic re-evaluation were requested by way of A Division of Workers' Compensation Request for Authorization Form. The clinical documentation of 06/04/2014 revealed an appeal for the surgical intervention and all of the ancillary services that were requested. The documentation indicated the injured worker was status post L4-5 and L5-S1 posterior lumbar interbody fusion on 09/14/2013 with a cage replacement, bar replacement, and re-grafting at L4-5 on 11/26/2013 due to persistent pain. The examination of the injured worker on 05/23/2014 revealed the injured worker had flattening of lumbar lordosis. There was tenderness over the paraspinal musculature of the lumbar region bilaterally. The physician documented midline tenderness was noted over the lumbar region. The range of motion was limited in all planes and sensation was abnormal. The physician opined it was more appropriate that early detection and prompt prevention be upheld versus waiting for complications. The physician further opined it was possible the injured worker would need a fusion augmentation, because hardware does not usually break or fatigue. The physician documented due to the injured worker's clinical presentation, pedicle screw removal was recommended, because the hardware itself was most likely the source of the injured worker's intractable and significantly worse pain. The physician further documented that the most recent diagnostic test of the lumbar spine, obtained on 05/23/2014, revealed both sacral screws had metal fatigue fractures at the junction of the saddle and top of the screw. Additionally, the physician stated that the prior diagnostic study only stated that the L4-5 and L5-S1 were surgically fused and did not reveal bony fusion. Additionally, the physician documented since it was unclear whether the injured worker was fused and reported significant leg pain, fusion would be inspected and if found deficient, augmented. As per the subsequent documentation, the injured worker underwent surgical intervention emergently on 05/24/2014.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Pedicle screw removal and refusion replacement with possible graft enhancement and/or revision:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**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 that surgical consultations may be appropriate for injured workers who have severe

and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging, 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. There should be 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 there should be a failure of conservative treatment to resolve disabling radicular symptoms. Additionally, they indicate that there is no good evidence from controlled trials that spinal fusion alone is effective for treating any type of acute low back pain in the absence of spinal fracture, dislocation, or spondylolisthesis if there is instability and motion in the segment operated on. The necessity for electrophysiologic evidence would not be appropriate in this case. The clinical documentation submitted for review indicated the physician had stated that a diagnostic study indicated that the L4-5 and L5-S1 were surgically fused and the findings did not clearly reveal a bony fusion. Those findings were not submitted for review. The American College of Occupational and Environmental Medicine, however, does not specifically address pedicle screw removal. As such, secondary guidelines were sought. The Official Disability Guidelines indicate that hardware implant removal is not recommended routinely, except in the case of broken hardware or persistent pain. The injured worker was noted to have broken hardware by radiologic examination and this portion of the request would be supported. However, the request as submitted was for both pedicle screw removal and revision replacement with possible graft enhancement. The physician had documented it was possible the injured worker's cage had slipped. However, there was no radiologic evidence to support slippage. Additionally, the injured worker was noted to have a history of smoking. There was no current smoking documentation or documentation of cessation discussion, which could cause fusion failure. Given the above, the request for Pedicle screw removal and refusion replacement with possible graft enhancement and/or revision is not medically necessary.

**Post op evaluation by RN:** 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.

**2 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.

**Zofran:** 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.

**Duricef cephalexin 500 mg:** 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.

**Norco 10/325 #90:** 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.

**Sprinx nasal spray 15.75 mg 40 units (5 bottles):** 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.

**Ortho re-evaluation:** 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 PT 2 X 4:** 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.