

Case Number:	CM14-0096881		
Date Assigned:	07/28/2014	Date of Injury:	11/12/2010
Decision Date:	08/28/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/25/2014

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 Pennsylvania. 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 38-year-old who sustained an injury to the low back in a work-related accident on 11/12/10. The clinical records provided for review document that the claimant is status post lumbar fusion at the L5-S1 level. The report of a follow up visit on 04/14/14 documented that the claimant had failed conservative care and continued to have complaints of pain. Physical examination revealed a well-healed surgical incision, tenderness over the left side of the low back with spasm, restricted range of motion, and weakness of the extensor hallucis longus and anterior tibialis. The physician documented in the report that the post-operative CT scan dated 8/2/13 showed radiolucency at the bone graft consistent with a pseudarthrosis. The results of a post-operative EMG dated 6/3/13 showed a left-sided L5 radiculopathy. The recommendation is for revision surgery of the lumbar spine at the L5-S1 level. The request was previously denied as formal imaging reports were unavailable for review. The review of the CT scan in this case was from the provider's notes. There is no formal report of the CT scan for this claimant.

IMR ISSUES, DECISIONS AND RATIONALES

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

Removal of retained pedicle screw fixation L5-S1 bilateral, exploration of the fusion, decompression and excision of postoperative scar tissue: 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): 307.

Decision rationale: Based on the California ACOEM Guidelines, the request for revision fusion procedure cannot be recommended as medically necessary. The imaging report of the CT scan is not available to confirm pathology. Without clear documentation of pseudarthrosis at the requested level of surgery, the acute need of operative procedure given this individual's current clinical presentation would not be supported as medically necessary.