

Case Number:	CM14-0173457		
Date Assigned:	11/04/2014	Date of Injury:	05/11/2010
Decision Date:	01/02/2015	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	10/21/2014

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 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 67-year-old male who reported an injury on 05/11/2010. The mechanism of injury was not specifically stated. The current diagnosis is thoracic/lumbosacral neuritis/radiculitis unspecified. The injured worker presented on 09/23/2014 with complaints of increasing back and leg symptomatology. The injured worker is noted to be status post L4-5 decompression, instrumentation, and fusion, performed 18 years ago. The injured worker presented with results from a CT myelogram, showing evidence of degenerative changes and stenosis at L3-4 and L2-3. Recommendations at that time included removal of instrumentation, exploration of fusion, osteotomy at L4-5 and L3-4, decompression of both levels, and TLIF at the L4-5 level. There was no physical examination provided on that date. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Removal instrumentation, exploration of fusion, L2-4 ponte osteotomies, decompressions, L4-5 eccentric TLIF, L2-5 instrumentation and fusion: 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): 305-306. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Fusion (spinal), Hardware implant removal

Decision rationale: California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation may be indicated for patients 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 failure of conservative treatment. The Official Disability Guidelines state 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 on x-ray or CT myelogram, spine pathology that is limited to 2 levels, and a psychosocial screening. Hardware removal is not recommended except in the case of broken hardware or persistent pain after ruling out other causes of pain such as an infection or nonunion. As per the documentation submitted, there is no indication that this injured worker's retained hardware is a pain generator. There is no documentation of an attempt at a hardware block, nor evidence of an exclusion of other pain generators. There was no documentation of spinal instability upon flexion and extension view radiographs. There is no mention of a psychosocial screening prior to the request for a lumbar fusion. There was no physical examination provided on the requesting date. Based on the clinical information received and the above mentioned guidelines, the request is not medically necessary.

Associated Surgical Service: Assistant surgeon: 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.

Associated Surgical Service: Three 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.