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| <b>Case Number:</b>   | CM14-0198617 |                              |            |
| <b>Date Assigned:</b> | 12/09/2014   | <b>Date of Injury:</b>       | 09/01/2003 |
| <b>Decision Date:</b> | 01/21/2015   | <b>UR Denial Date:</b>       | 11/04/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/25/2014 |

### 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 New York. 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 patient is a 69-year-old male with a date of injury of September 1, 2013. The patient has chronic low back pain. Previous treatment includes medication, bracing, physical therapy and TENS unit. The patient is also had acupuncture and chiropractic manipulations. The patient underwent epidural steroid injection. The patient had multilevel lumbar interbody fusion with hardware. The patient takes the context for pain. The patient continues to have chronic back pain. MRI imaging study lumbar spine shows previous multilevel fusion with laminectomy and pedicle screws from L3-S1 levels. There were no unusual postsurgical findings. CT scan shows posterior lateral fusion and posterior interbody fusion. MRI the thoracic spine shows epidural lipomatosis and degenerative changes. Bone scan of the lumbar spine shows uptake in the regions of the lumbosacral facet joints. The patient continues to have chronic pain. Electrodiagnostic studies show reinnervation changes and bilateral L4-S1 muscles. At issue is whether revision surgeries medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Exploration of fusion removal of hardware, reoperative L3-S1 PLF, PLIF with ICBG:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG low back Chapter, MTUS low back Chapter

**Decision rationale:** This patient does not meet establish criteria for revision lumbar surgery. Specifically there is no documentation of pseudarthrosis. There is no documentation of loose hardware. There is no documentation that the patient has painful hardware. Is no documentation of the hardware block. The diagnosis of failure fusion has not been made clinically in the medical records. There is no documented instability fracture or tumor. There no red flag indicators for spinal surgery such as fracture tumor or instability. Revision spinal fusion surgery is not medically necessary.

**Inpatient 3 day 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 operative physical therapy 3 x 6:** 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.

**LSO brace purchase:** 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.