

Case Number:	CM14-0207047		
Date Assigned:	12/19/2014	Date of Injury:	12/20/2011
Decision Date:	02/10/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	12/10/2014

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 has had L4-5 decompression and fusion. The patient continues to have back pain and left leg pain. Physical examination shows tenderness over the posterior segmental instrumentation to palpation. The patient has lower extremity sensory and reflex changes. The patient had a hardware block which was beneficial for 48 hours. The patient takes narcotics for chronic back pain. She reports back pain with any sort of physical activity. MRI lumbar spine from August 2014 shows postoperative changes at L4-5. There is facet hypertrophy at L3-4 and L5-S1 without evidence of spinal stenosis. The patient has been diagnosed with possible pseudarthrosis, chronic pain syndrome and painful hardware. 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 The Fusion L4-5 with Removal of The Posterior Segmental Fixation Inpatient Stay 2 Days: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: MTUS low back pain chapter, pages 305-322, ODG low back chapter

Decision rationale: This patient does not meet criteria for exploration of fusion surgery. Specifically, the medical records do not include a fine cut CAT scan or any other radiographic study that demonstrates pseudarthrosis. There is no evidence of hardware breakage or loosening on imaging studies. The diagnosis of pseudoarthrosis has not been established on imaging studies. In addition, the medical records do not document a recent trial and failure of conservative measures to include physical therapy for the treatment of chronic low back pain. It is unclear whether the patient's chronic low back pain is due to pseudarthrosis or prominent hardware. Additional conservative measures or medically necessary for the treatment chronic low back pain. Additional imaging studies to include fine cut CT a medically necessary. Criteria for revision surgery not met.