

Case Number:	CM14-0207651		
Date Assigned:	12/19/2014	Date of Injury:	01/07/2008
Decision Date:	02/13/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	12/11/2014

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, has a subspecialty in Spine Surgery and is licensed to practice in California. 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 63-year-old male who reported injuries of unspecified mechanism on 01/07/2008. On 08/07/2014, his diagnostic impression included severe low back pain with radiculopathy, severe COPD, hemoptysis, preoperative hypertension, benign prostatic hypertrophy, history of bladder cancer/transurethral resection of a bladder tumor, history of peptic ulcer disease, and mild hyperglycemia. On 08/29/2014, he had a revision, re-exploration lumbar spine surgery, which included laminectomy, decompression, neural foraminotomy, and discectomy at L1-2, L2-3, L3-4, L4-5, and L5-S1 bilaterally. Subsequent to the surgery, he had postoperative acute hypoxic respiratory failure requiring BIPAP and high flow oxygen. On 09/30/2014, he was readmitted to the hospital with purulent MRSA of the surgical wound. He was treated with intravenous antibiotics and a wound vac. On 11/14/2014, he had another revision re-exploration lumbar spine surgery at L3-4, L4-5, and L5-S1 bilaterally. Once again, he developed postoperative purulent drainage from the surgical wound. There was no rationale for another exploratory surgery. A Request for Authorization dated 12/02/2014 was included in this injured worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Revision exploration of lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, Fusion (spinal)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307.

Decision rationale: The request for revision exploration of lumbar spine is not medically necessary. The California ACOEM Guidelines note that referral for lumbar surgical consultation is indicated for patients who have: severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise; activity limitations due to radiating leg pain for more than 1 month or extreme progression of lower leg symptoms; 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 failure of conservative treatment to resolve disabling radicular symptoms. Although surgery appears to speed short to mid-term recovery, surgical morbidity and complications must be considered. Surgery benefits fewer than 40% of patients with questionable physiologic findings. Moreover, surgery increases the need for future surgical procedures with higher complication rates. Patients with comorbid conditions, such as cardiac or respiratory disease, may be poor candidates for surgery. Comorbidity should be weighed and discussed carefully with the patient. This injured worker has undergone 2 exploratory surgical procedures in the past 6 months and had developed multiple postsurgical complications, including respiratory failure and purulent MRSA at the surgical site, requiring rehospitalization, IV antibiotics, and aggressive treatment. He has diagnosed respiratory disease. Additionally, the request did not include a spinal level or laterality of the proposed surgery. Therefore, this request for revision exploration of lumbar spine is not medically necessary.