

Case Number:	CM14-0209297		
Date Assigned:	12/22/2014	Date of Injury:	03/04/2011
Decision Date:	02/24/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	12/15/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Georgia, South Carolina
 Certification(s)/Specialty: Orthopedic Surgery

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 39-year-old female who reported an injury on 03/04/2011. The diagnoses included spinal stenosis, lumbar region, without neurogenic claudication. Prior surgical history included an anterior fusion and posterior decompression at L4-5 on 09/06/2013. Prior therapies included physical therapy and chiropractic treatment. The injured worker underwent a hardware injection. The injured worker underwent an x-ray of the lumbar spine 2 or 3 views on 10/07/2014, which revealed a stable appearance of anterior fusion and posterolateral stabilization at L5-S1 and there was an unchanged mild loss of disc height at L5-S1. The pedicle screws and posterior rods remained intact. The most recent physical examination was dated 10/07/2014 which indicated the physical examination was unchanged from the prior examination. The diagnoses included brachial neuritis, disorders of the trunk, neck pain, and spinal stenosis of the lumbar region. The documentation indicated the injured worker could benefit from a hardware block with injections and as such, a request was made. The most recent physical examination was dated 06/17/2014, which revealed the injured worker had decreased sensation on the lateral leg and dorsum of the right foot. On the left, the injured worker had decreased sensation on the lateral leg and dorsum of the foot. The injured worker had tenderness on the supraspinatus ligament and iliolumbar region. Lateral flexion to the left and the right, flexion, and extension revealed pain with motion. Motor strength was 5/5. There was no Request for Authorization nor recent physical examination submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Posterior hardware removal L4-5 with exploration of fusion: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Hardware Removal

Decision rationale: The American College of Occupational and Environmental Medicine indicates a surgical consultation may be appropriate for injured workers who have severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies preferably with accompanying objective signs of neural compromise. There should be documentation of activity limitations due to radiating leg pain for more than 1 month or the extreme progression of lower leg symptoms, and 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 documentation of a failure of conservative treatment to resolve disabling radicular symptoms. Additionally, there is no good evidence from controlled trials that spinal fusion alone is effective for treating any type of acute low back problem, in the absence of spinal fracture, dislocation, or spondylolisthesis if there is instability and motion in the segment operated on. Clinicians should consider referral for psychological screening to improve surgical outcomes. The clinical documentation submitted for review failed to provide a recent physical examination to support an extreme progression of lower leg symptoms. The imaging failed to provide documentation of findings to support an additional surgery. Electrophysiologic evidence would not be necessary for this request. There was no rationale for the exploration of the fusion and there was no noted instability. Additionally, the California MTUS/ACOEM Guidelines do not specifically address hardware removal. As such, secondary guidelines were sought. The Official Disability Guidelines indicate that hardware removal is not recommended routinely for fixation except in the cases of broken hardware or persistent pain after ruling out other causes of pain, such as infection and nonunion. The clinical documentation submitted for review indicated the injured worker had x-rays which did not support the injured worker had nonunion. The injured worker was noted to have undergone a hardware injection. The physician documentation failed to indicate whether the injection was useful. Given the above, and the lack of documentation of exceptional factors, the request for posterior hardware removal L4-5 with exploration of fusion is not medically necessary.

Associated surgical service: Assisting surgeon: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated surgical service: 1-2 days hospital intr op monitoring: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.