

Case Number:	CM14-0219075		
Date Assigned:	01/09/2015	Date of Injury:	08/27/2008
Decision Date:	03/16/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/31/2014

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: Minnesota, Florida
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 50 year old male who sustained an industrial injury on 8/27/08. The injured worker reported back pain, pelvic pain, a head injury and detached retina. The diagnoses included strain/sprain of the lumbar spine, sprain/strain of the thoracic spine and status post lumbar surgery on 6/21/10. Treatments to date have included sacroiliac joint injection, home exercises and oral pain medication. PR2 dated 12/4/14 noted the injured worker presents with decreased range of motion, insomnia, lower back pain with radiation to bilateral lower extremities and "palpable tenderness over the thoracic spine and lumbar spine" the treating physician is requesting exploration of fusion, with removal of the cages and revision anterior lumbar decompression and instrumented fusion at least at L4-L5 with interbody cage, allograft bone, and lumbar anterior plating. On 12/1/14 Utilization Review non-certified an exploration of fusion, with removal of the cages and revision anterior lumbar decompression and instrumented fusion at least at L4-L5 with interbody cage, allograft bone, and lumbar anterior plating, noting ACOEM Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Exploration of fusion, with removal of the cages and revision anterior lumbar decompression and instrumented fusion at least at L4-L5, with interbody cage, allograft bone and lumbar anterior plating: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 209-211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), http://www.odg-twc.com/odgtwc/low_back.htm

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307, 310.

Decision rationale: A CT scan with reconstruction, lumbar spine dated 1/24/2014 revealed a pseudarthrosis at the interbody level at L4-5 with minimal bone graft posteriorly and a possible nonunion at L5-S1. The primary treating physician's progress report dated 10/23/2014 had requested exploration of the fusion with removal of cage and revision anterior lumbar decompression and instrumented fusion at least at the L4-5 level, interbody cage and autograft bone and lumbar anterior plating. The primary treating physician is a chiropractor. Per Orthopedic notes of June 25, 2014 the injured worker was improving with the exercise program and stated that medications were helping. He was experiencing intermittent low back pain as well as pain radiating down both lower extremities. On physical examination there was tenderness to palpation and spasm bilaterally about the lumbar paraspinal musculature. Straight leg raising was negative. He was able to walk on tiptoes as well as on heels. There was no antalgia. Motor examination was felt to be normal. Sensory examination was also normal. Deep tendon reflexes were symmetrical. An x-ray was obtained to evaluate the fusion. It was noted to be solid and stable with no sign of hardware malfunction. There was mild degenerative disc disease at the level above the fusion. Trigger points were noted in the lower back and a trigger point injection was given. Continued conservative treatment was recommended. Utilization review noncertified the request for exploration of the fusion with removal of cage and revision anterior lumbar decompression and instrumented fusion at least at the L4-5 level, interbody cage and autograft bone and lumbar anterior plating. The denial was based upon the opinion of the second surgeon who noted a solid fusion on 6/25/2014. A subsequent follow-up by the second surgeon on 10/3/2014 noted pain referable to the right sacroiliac joint. No problem with the fusion was documented. In this setting when the treating spine surgeon has not recommended surgical intervention, the chiropractor's request to proceed with a prior recommendation for surgery cannot be certified. Therefore the request was noncertified on 12/1/2014. The California MTUS guidelines do not recommend a spinal fusion in the absence of fracture, dislocation, complication of tumor, or infection. Patients with increased spinal instability after surgical decompression at the level of degenerative spondylolisthesis may be candidates for fusion. The documentation indicates a solid fusion was obtained and there is no instability present. As such, the request for a revision procedure consisting of exploration of the fusion, removal of cage and revision anterior lumbar decompression and instrumented fusion at least at the L4-5 level, interbody cage and autograft bone and lumbar anterior plating is not supported by guidelines and the medical necessity is not substantiated.