

Case Number:	CM14-0053547		
Date Assigned:	07/07/2014	Date of Injury:	01/04/2010
Decision Date:	04/21/2015	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	04/22/2014

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 42-year-old who has filed a claim for chronic low back pain reportedly associated with an industrial injury of January 4, 2010. In a Utilization Review Report dated April 8, 2014, the claims administrator failed to approve a request for lumbar fusion surgery with associated three- to five-day hospitalization. The claims administrator referenced March 14, 2014, RFA form and associated progress note in its determination. Non-MTUS ODG Guidelines were invoked. The applicant's attorney subsequently appealed. In a progress note dated November 27, 2013, the attending provider stated that the applicant had undergone an earlier hemilaminectomy-fusion surgery at the L4-L5 and L5-S1 levels. X-rays of the lumbar spine were sought to determine the status of the fusion. The attending provider stated that, if failure of fusion was identified, that the applicant would be candidate for repeat instrumentation and fusion. X-rays of the lumbar spine dated December 3, 2014 were noted for postoperative status at L4-L5 with minimal multilevel narrowing noted. On February 26, 2014, the applicant's neurosurgeon stated that the applicant had constant, unrelenting low back pain radiating to the bilateral lower extremities, 8/10. The applicant exhibited visibly antalgic gait and station. The applicant is still using a cane to move about. Norco, Flexeril, Prilosec, and a sleep aid were endorsed. The attending provider stated that x-rays of the lumbar spine of December 2013 and CT scanning of the lumbar spine of October 2013 suggested that the applicant's fusion was still possibly not fused. An exploration of fusion and possible hardware placement procedure was proposed via an RFA form dated March 14, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

INPT LOS 305 DAYS/EXPLORATION FUSION WITH POSSIBLE HARDWARE REPLACEMENT L4-5: 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: FUSION.

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

Decision rationale: No, the request for an exploration- lumbar fusion with possible hardware replacement at L4-L5 was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 310, spinal fusion surgery, in the absence of fracture, dislocation, complications of tumor or infection is deemed not recommended. Here, the attending provider has seemingly suggested the applicant undergo an exploratory surgery and/or hardware removal and/or hardware revision surgery in the absence of any evidence of hardware complication, hardware dislocation, etc. Plain film x-rays of the lumbar spine dated December 3, 2014, made no mention of the applicant's fusion being unsuccessful. Similarly, the CT scan of the lumbar spine dated September 3, 2013, likewise made no mention of issues with hardware complication or hardware failure. The attending provider's pursuit of exploratory lumbar spine surgery with possible hardware removal and/or revision in the face of the largely negative diagnostic studies, thus, is at odds with ACOEM principles and parameters. Therefore, the request was not medically necessary.1b. Since the primary request for a lumbar exploration-fusion with possible hardware placement at L4-L5 was deemed not medically necessary, the derivative or a companion request for an associated three to five days of inpatient hospitalization was likewise not medically necessary.