

Case Number:	CM14-0067526		
Date Assigned:	03/09/2015	Date of Injury:	04/04/2008
Decision Date:	04/14/2015	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/12/2014

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 62-year-old female. She underwent L3-S1 fusion in 2010. Continuing pain necessitated a spinal cord stimulator. The injured worker complains of chronic low back pain and bilateral lower extremity pain. A CT scan of the lumbar spine performed on December 13, 2013 revealed well-placed instrumentation, including a spinal cord stimulator, posterior fusion from L3-S1 and good decompression without persisting stenosis. On March 5, 2014 a spine surgery consultation from the operating surgeon indicated diffuse osteopenia which may result in loosening of the instrumentation which could be a source of ongoing pain. Additional treatment requested includes removal of the instrumentation from L3-S1, exploration of the fusion, possible redo laminectomy and possible redo posterior spinal fusion. Utilization review noncertified the requested procedure as there was no documentation of imaging findings demonstrating failure of hardware fusion or evidence of mechanical impingement of hardware on adjacent anatomic structures and there was no diagnostic hardware injection indicating the source of pain. The CT report dated 12/13/2013 indicates a posterior fusion of the lumbar spine extending from L3-S1 with laminectomy of L4 on L5. No persistent central canal stenosis is visualized. Neural foraminal narrowing at a few levels are visualized, worse at the level of L5-S1. There is mild impingement of the exiting right and left L5 nerve roots at this level. On 4/24/14 Utilization Review non-certified a request for L3-S1 Hardware Removal Redo Laminectomy Possible redo Posterior Spinal Fusion, noting the Official Disability Guideline Guyer 2006 low back chapter was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

L3-S1 Hardware Removal Redo Laminectomy Possible redo Posterior Spinal Fusion: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guideline guyer 2006 low back chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Low Back, Topic: Hardware Implant Removal, Laminectomy, Fusion.

Decision rationale: The CT report of lumbar spine without contrast dated 12/13/2013 does not document any evidence of loosening. There is no pseudoarthrosis identified. Flexion/extension films documenting instability have not been provided. ODG guidelines do not recommend hardware removal except in cases of broken hardware or persistent pain after ruling out other causes of pain such as infection and nonunion. Implant removal may be challenging and complications such as a neurovascular injury, refracture or recurrence of deformity may result. This may be particularly true in the presence of osteopenia. The report dated March 5, 2014 from [REDACTED] is reviewed in some detail. The report mentions an instrumented fusion from L3-S1 performed in the year 2010. After the procedure the injured worker did very well in the first several months and even for the first year or so after the surgery. However, then she started to go downhill. "Her primary problem was pain in the back and some component of nerve pain as well. The most recent CT scan showed well-placed instrumentation, posterior fusion extending from L3-S1 and good decompression without persistent central stenosis. There is also a spinal stimulator in place. There is diffuse osteopenia and I suspect that some of the instrumentation may have loosened, which could be the source of some of her ongoing pain. We discussed the various options that are available to her, including further conservative care, additional interventional pain management procedures, and surgical intervention. Surgery would be to remove the instrumentation from L3-S1, explore the fusion, possibly redo laminectomy, and possibly redo posterior spinal fusion. The risks, indications, benefits, and alternatives of surgical intervention were described to the patient in great detail. She understands and she would like to proceed with scheduling surgery. She also wants to have the spinal cord stimulator removed and I have indicated to her that I would be happy to do that." This report does not document any definite loosening, instability, or impingement on anatomic structures by the hardware. No definite hardware related complications have been documented in this report or in the CT scan report that was provided. No subsequent diagnostic testing after 12/13/2013 is included. A hardware block has not been performed. A redo of the laminectomy necessitates documentation of nerve impingement on imaging studies supported by clinical and electrophysiologic evidence of the same lesion which has not been established. A redo of the fusion necessitates documentation of a pseudoarthrosis according to ODG guidelines which has not been established. Based upon the documentation that has been provided, the utilization review findings cannot be overturned according to guidelines and as such, the medical necessity

of the requested surgical procedure of hardware removal, possible redo of the laminectomies, and possible redo of the posterior spinal fusion has not been substantiated.