

Case Number:	CM15-0009680		
Date Assigned:	01/27/2015	Date of Injury:	10/22/2007
Decision Date:	03/17/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	01/16/2015

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: Illinois, California, Texas
 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 52 year old female who sustained a work related injury October 22, 2007. After a fall, slipping on hydraulic fluid, she landed on her buttock injuring a disc in her back requiring a level 2 ALIF (anterior lumbar interbody fusion) procedure. Past history included ovarian and colon cancer, and posterior laminectomy and fusion L3-S1. The 11/14/14 treating physician report documented chronic pain following the second lumbar surgery with fusion from L3-S1. Physical exam documented give-way weakness both leg with flexion/extension of the knees and ankles. There was localized lumbar tenderness with no radicular pain. A CT scan was recommended to assess for pseudoarthrosis versus failed back syndrome. According to a physician's progress report dated December 15, 2014, the injured worker presented after a CT (computed tomography) scan of the lumbar spine to evaluate for pseudoarthrosis. She continues to have back pain throughout the day. CT of the lumbar spine demonstrates a L4-5 and L5-S1 anterior hardware with good fusion. The L3-4 interspace has an artificial disc anteriorly and posterior hardware from L3-5. The L3 pedicle screws have haloing around them indicating pseudoarthrosis. Treatment includes request for revision fusion at L3-5 through posterior approach. According to utilization review dated December 26, 2014, the request for Revision Fusion at L3-5 Posterior is non-certified based on no documentation of the CT scan performed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Revision fusion at L3-L5; posterior approach: Overturned

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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back - Lumbar & Thoracic: Fusion (spinal)

Decision rationale: The California MTUS guidelines do not provide specific recommendations for revision lumbar fusion. The Official Disability Guidelines (ODG) recommend revision surgery for failed previous operations if significant functional gains are anticipated. Revision surgery for the purposes of pain relief must be approached with extreme caution due to less than 50% success rate reported in medical literature. Guideline criteria have been met. This patient presents with persistent back pain and significant functional limitations. There is imaging evidence of pseudoarthrosis at L3. Therefore, this request for revision fusion at L3-S1, posterior approach is medically necessary.