

Case Number:	CM15-0010411		
Date Assigned:	02/17/2015	Date of Injury:	06/29/1996
Decision Date:	04/06/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/20/2015

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: California
 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 59 year old female with an industrial injury dated 06/29/1996. On 10/30/2014 she presented for follow up complaint of back pain and a burning pain in bilateral feet. Her appetite and sleep were poor due to pain. She was having increased pain secondary to fusion fracture. Prior treatments include surgery and medications. Prior diagnostic scans are present in the records. Diagnosis was post lumbar laminectomy syndrome (fusion broken), fusion failed at thoracic 11-12 (needs re-operation) and status post re-implant pump, progressing moderately. CT scan thoracic spine from 6/11/13 demonstrates interpedicular fusion at T10-T11. CT scan 6/11/13 demonstrates postoperative changes compatible with fusion of L2 through S1. CT scan lumbar spine demonstrates L1/2 moderate canal stenosis with severe disc degeneration and mild narrowing at L1-L2. No evidence of pseudarthrosis. On 12/22/2014 utilization review non-certified the request for lumbar 1- lumbar 2 far lateral fusion with cage removal of hardware, thoracic 10-11, thoracic 10- lumbar 2 posterior spinal fusion with segmental instrumentation with 5 day hospital stay. ACOEM and ODG were cited. The request for pre-operative physical was also non-certified. ODG was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

L1-2 Far Lateral Fusion with Cage Removal of Hardware, T10-11 T10-L2 Posterior Spinal Fusion with Segmental Instrumentation with 5-Day Hospital Stay: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307. Decision based on Non-MTUS Citation Official Disability Guidelines Section Low Back, Fusion.

Decision rationale: The ACOEM Guidelines Chapter 12 Low Back Complaints page 307 state that lumbar fusion, "Except for cases of trauma-related spinal fracture or dislocation, fusion of the spine is not usually considered during the first three months of symptoms. Patients with increased spinal instability (not work-related) after surgical decompression at the level of degenerative spondylolisthesis may be candidates for fusion." According to the ODG, Low back, Fusion (spinal) should be considered for 6 months of symptom. Indications for fusion include neural arch defect, segmental instability with movement of more than 4.5 mm, revision surgery where functional gains are anticipated, infection, tumor, deformity and after a third disc herniation. In addition, ODG states, there is a lack of support for fusion for mechanical low back pain for subjects with failure to participate effectively in active rehab pre-op, total disability over 6 months, active psych diagnosis, and narcotic dependence. In this particular patient there is lack of medical necessity for lumbar fusion as there is no evidence of segmental instability greater than 4.5 mm at L1/2, severe stenosis or psychiatric clearance from the exam note of 10/30/14 to warrant fusion. The CT scan of the lumbar spine from Therefore the determination is non-certification for lumbar fusion, the associated hardware removal and 5 day inpatient stay.

Pre-Operative Physical: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Section Preoperative Testing.

Decision rationale: CA MTUS/ACOEM is silent on the issue of preoperative clearance and testing. ODG, Low back, Preoperative testing general, is utilized. This chapter states that preoperative testing is guided by the patient's clinical history, comorbidities and physical examination findings. ODG states, "These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity." The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities and physical examination findings. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. Electrocardiography is recommended for patients undergoing high risk surgery and those undergoing intermediate risk surgery who have additional risk factors. Patients undergoing low risk surgery do not require electrocardiography. Based on the information provided for review, there is no indication of any of these clinical scenarios present in this case. In this case the patient is a healthy 59 year old without comorbidities or physical examination findings concerning to warrant preoperative testing prior to the proposed surgical procedure. Therefore the determination is for non-certification.

