

Case Number:	CM15-0196465		
Date Assigned:	10/12/2015	Date of Injury:	08/01/2013
Decision Date:	11/25/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/06/2015

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: 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 42 year old female who sustained an industrial injury on 8-1-2013. A review of medical records indicates the injured worker is being treated for L5 to S1 pseudoarthrosis. Medical records dated 9-18-2015 noted the injured worker was doing well 8 months ago and pain was rated a 3 out of 10. Currently pain is an 8 out of 10. Physical examination noted range of motion was limited to the lumbar spine. There was tenderness to palpation over the spinous processes. CT scan of the lumbar spine revealed no bony bridge at the fusion site. Treatment has included medical imaging and medications. Utilization review form dated 10-1-2015 noncertified inpatient anterior L5 to S1 revision fusion, inpatient stay, and post-op physical therapy to the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior L5-S1 revision fusion: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Surgical Considerations.

Decision rationale: Per progress notes dated 9/18/2015 the injured worker is status post posterior lumbar fusion at L5-S1. She was last seen 8 months prior at which time she was doing well and her pain level was 3/10. She reported worsening of pain over the past one month with a current pain level of 8/10. On examination, range of motion was slightly limited with flexion 50/60 and extension 25/25. The right lateral flexion was 25/25 and left lateral flexion was 25/25. There was no tenderness to palpation. Sensation and motor function was intact in the lower extremities. Deep tendon reflexes were 2+ in the patellae and Achilles. There was no clonus. Straight leg raising was negative. A CT scan of the lumbar spine was unofficially reported to show no bony bridge at the fusion site. The provider recommended anterior interbody fusion at L5-S1. The official radiology report pertaining to CT of the lumbar spine dated 8/21/2015 indicates the following conclusion: Status post posterior fusion of L5-S1 with persistent grade 1 anterolisthesis noted. Laminectomy at L5. L1-2: 1-2 mm broad-based posterior disc protrusion without evidence of canal stenosis or neural foraminal narrowing. L2-3: 1-2 mm broad-based posterior disc protrusion without evidence of canal stenosis or neural foraminal narrowing. L3-4: 1-2 mm broad-based posterior disc protrusion without evidence of canal stenosis or neural foraminal narrowing. L4-5: 2-3 mm broad-based posterior disc protrusion resulting in bilateral neural foraminal narrowing. The central canal is adequately patent. L5-S1: The patient is status post posterior fusion of L5-S1 with persistent grade 1 anterolisthesis. Bilateral neural foraminal narrowing. California MTUS guidelines indicate surgical considerations for clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long-term from surgical repair. In this case, the documentation indicates grade 1 spondylolisthesis at L5-S1 status post posterior lumbar fusion. There is no documentation of loosening of the hardware, broken hardware, or pseudoarthrosis formation. The radiology report does not include comparison with previous films; however, based upon the report there is no indication for revision surgery. As such, the request for revision anterior lumbar interbody fusion at L5-S1 is not supported and the medical necessity of the request has not been substantiated.

Associated surgical service: Inpatient stay, 3 days: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Post-operative physical therapy 2 times a week for eight weeks to the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.