

Case Number:	CM15-0025492		
Date Assigned:	02/18/2015	Date of Injury:	07/10/2013
Decision Date:	05/01/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/10/2015

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: Pediatrics, Neurological 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 64-year-old male with a reported injury on 07/10/2013. The mechanism of injury was reported as repetitive lifting and an injury when he came off a ladder, turned, and felt low back pain. His diagnoses were noted to include stenosis above prior lumbar decompression and fusion. His medications were noted to include hydrocodone/acetaminophen 5/325 mg, and omeprazole. His surgical history was noted to include a bilateral decompression and fusion from L4-S1 greater than 10 years ago. While a report was not provided for review, the provided documentation indicates that an MRI on 05/09/2014 reported lumbar 3 to 4 facet degenerative changes, degenerative disc protrusion, bilateral foraminal encroachment with nerve root contact which created central canal stenosis with similar findings to a lesser degree at L2-3. There was no discussion regarding hardware failure/pseudoarthrosis. X-rays on 01/07/2015 showed pedicle screws in place at L4 and S1. It is unclear as to whether there was solid bony arthrodesis in the posterolateral gutter; there were halos about the screws and the sacrum bilaterally; there was no sign of motion at those levels; there had been a bilateral decompression performed at L4-5; there was hypolordosis; there was no severe spondylosis. The injured worker's other therapies have included medications and an epidural steroid injection on 10/17/2014. The injured worker was evaluated by orthopedic surgery on 01/07/2015 where the injured worker complained of severe pain in his back with radiation to the lower extremities. Physical examination revealed a well healed lumbar incision. There was no erythema or drainage. The lumbar paraspinals were tender. Spasm and guarding were present bilaterally over the lumbar area. The injured worker was able to flex to 50 degrees and extend to 20

degrees. Flexion caused more pain than extension. The straight leg raise was "a trace positive." Sensory deficits were present in the L3 and L4 dermatomes. Reflexes were 1+ to 2+ and symmetrical at the patellar and Achilles regions. No pathological reflexes were present. There was no weakness or atrophy involving the lower extremities which followed a myotomal pattern. The clinician indicated that following the injured worker's initial surgery, the injured worker returned to work and did well. He was then reinjured. The clinician documented that the instrumentation was in place at L4-5 and L5-S1 with superior halos about the S1 screws indicating that these may well be loose. The clinician reported that this was a sign of pseudoarthrosis. The clinician indicated that the injured worker also had stenosis above the fusion which was responsible for the injured worker's radiculopathy and persistent pain. The clinician indicated that a revision surgery was appropriate.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hardware removal at L4-L5 and L5-S1 bilaterally inspect fusion mass: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Hardware implant removal (fixation).

Decision rationale: The request for hardware removal at L4-5 and L5-S1 bilaterally inspect fusion mass is not medically necessary. The injured worker continued to complain of pain. The Official Disability Guidelines recommend hardware removal in cases of broken hardware or persistent pain after ruling out other causes of pain such as infection and nonunion. The provided documentation did not indicate broken hardware and there was no indication that other causes of persistent pain had been ruled out. Additionally, in cases where plan radiographs are not indicative of broken hardware and there continues to be suspicion of broken hardware, CT scan is indicated. There was no CT scan report provided for review. The provided documentation did not indicate that other causes of pain had been ruled out. As such, the request for hardware removal at L4-5 and L5-S1 bilaterally inspect fusion mass is not medically necessary.

Bilateral L2-L3 and L3-L4 posterolateral fusion with screw fixation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307.

Decision rationale: The request for bilateral L2-3 and L3-4 posterolateral fusion with screw fixation is not medically necessary. The injured worker continued to complain of pain. The

California MTUS/ACOEM Guidelines recommend lumbar fusion with screw fixation in cases of progressive spinal instability or neurologic deterioration/myelopathy. The provided documentation did not indicate neurologic deterioration/myelopathy or instability that was supported by diagnostic testing results. Additionally, a psychological evaluation is recommended to determine any psychological factors that may negatively impact surgical outcomes. The provided documentation did not support the requested service. Therefore, the request for bilateral L2-3 and L3-4 posterolateral fusion with screw fixation is not medically necessary.

Bilateral L2-L3 and L3-L4 decompression: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306.

Decision rationale: The request for bilateral L2-3 and L3-4 decompression is not medically necessary. The injured worker continued to complain of pain. The California MTUS/ACOEM Guidelines state that direct methods of nerve root decompression include laminotomy, standard discectomy, and laminectomy. The provided documentation did not indicate severe quadriceps or anterior tibialis weakness or atrophy and there was no documentation of unilateral hip, thigh or knee pain. Additionally, the provided documentation did not indicate that the injured worker had recently tried activity modification, a home exercise program, nonsteroidal anti-inflammatory drugs, physical therapy, chiropractic care, or have a psychological screening. As such, the request for bilateral L2-3 and L3-4 decompression is not medically necessary.