

Case Number:	CM15-0032661		
Date Assigned:	02/26/2015	Date of Injury:	12/08/2009
Decision Date:	05/01/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	02/20/2015

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: 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 48-year-old male who reported an injury on 12/08/2009. He was diagnosed with lumbosacral fusion performed on 01/14/2014. His past treatments were noted to include injections, medications, brace, and surgery. His diagnostic studies included an official x-ray of the lumbar spine performed on 01/15/2015 which was noted to reveal no significant coronal plane imbalance with 5 nonrib bearing lumbar vertebrae. There is posterior fixation extending from L2 to L5. There is sacralization of L5 on the left side. There is some light lucency around the L3 and L4 screws. There is markers midline consistent with PEEK spacers at L2-3, L3-4, and L4-5. Lateral views demonstrated well maintained lordosis. There is suggestion of lucency around the L2 and L3 screws on lateral view. Compression deformity at L2 was noted. This appears chronic. There is suggestion of increasing thoracic kyphosis. There are markers within the disc space consistent with PEEK spaces at L2-3, L3-4, and L4-5. Compared to the x-rays from 05/07/2014, there is suggestion of increasing thoracic kyphosis. Additionally, his diagnostics also include an official MRI performed on 09/10/2014 which was noted to reveal no fracture or dislocation identified on the current study. Prior fusion extended from the L2 down to the L5 level with no stenosis at the surgical site. Minimal neural foraminal narrowing was noted. His surgical history was noted to include multilevel lumbar fusion extending up to L2 on 01/13/2014. On 01/15/2015, it was noted that the patient had some issues after surgery with compression fractures. He was also diagnosed with osteoporosis. The injured worker reported ongoing pain around some of the hardware site on the left side. The injured worker reported injections were given and provided several hours of significant relief. There was a

discussion of possibly removing the hardware to see if it would provide pain relief for the injured worker. Upon physical examination of the lumbar spine, it was noted the patient stands with a forward flex posture wearing his lumbar brace. No other physical examination was provided. His current medications were noted to include Norco 10/325 mg every 8 hours as needed for pain, morphine sulfate ER 15 mg every 12 hours, MS Contin 15 mg every 12 hours, and Percocet 10/325 mg every 6 hours. Treatment plan included removal of hardware to provide substantial relief of the injured worker's pain, exploration fusion, and a preoperative evaluation. A Request for Authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Removal of posterior hardware, L2-L5: Upheld

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 - Lumbar & Thoracic (Acute & Chronic) chapter.

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, Hardware implant removal (fixation).

Decision rationale: The California MTUS Guidelines do not address hardware implant removal. The Official Disability Guidelines state hardware implant removal is not recommended, except in cases of broken hardware or persistent pain, after ruling out after causes of pain such as infection and nonunion. Although the patient does have persistent pain, removal of hardware in this case may cause further complications in the future and potential disc stabilization, leading to worsening in thoracic kyphosis. Spinal implant removal after long posterior fusion may lead to spinal collapse and further surgery. Removal of instrumentation should be avoided or should involve partial removal of the prominent implant. Given the above information, the request would not be supported by the guidelines. As such, the request is not medically necessary.

Exploration of spinal fusion, L2-L5: Upheld

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 Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305 and 306. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Fusion (spinal).

Decision rationale: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

Post-operative Lumbar Brace: Lumbosacral orthosis (LSO) sagittal-coronal panel (custom): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back Chapter.

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

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

External bone growth stimulator: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Post-operative Physical Therapy, 3 times weekly for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Island Dressings, 1 box: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medicare & Medicaid Services, DME.

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

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.