

Case Number:	CM15-0072372		
Date Assigned:	04/22/2015	Date of Injury:	09/13/2010
Decision Date:	08/26/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	04/16/2015

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: Arizona

Certification(s)/Specialty: 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 58-year-old male who sustained an industrial injury on September 13, 2010. He has reported back pain and has been diagnosed with status post L4-S1 TLIF and rule out pseudoarthrosis. Treatment has included medications, medical imaging, injection, physical therapy, and surgery. Examination of the lumbar spine revealed a well-healed lumbar incision. There was significant tenderness upon palpation and referred pain to the bilateral buttocks. Hyperextension of the low back caused significant pain. X-ray of the lumbar spine revealed pedicle screw and rod instrumentation at L4, L5, and S1 with grade I anterolisthesis at L5-S1. The treatment request included surgery, lumbar brace, inpatient stay, and pre-operative medical clearance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Removal of hardware and exploration of fusion: 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, Hardware implant removal (fixation).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Implant Removal After Posterior Stabilization of the thoraco-lumbar spine. Arch Orthopedic Trauma Surgery. Published online: 29 August 2009.

Decision rationale: Implant removal because of pain after posterior fusion in the thoracic and lumbar spine is a widely performed operation. Although implant removals account for almost 1/3 of all elective operation in orthopedics, there is still an ongoing debate concerning the necessity of such procedures. A relatively high complication rate ranging from 3-20% combined with issues of effective resources and time management has shifted the trend towards an implant removal policy only in presence of clear clinical indications justifying the procedure. Especially after degenerative lumbar spine surgery, there still remains a group of patients with persistent low-back pain that cannot be attributed to any of the aforementioned pain generators (infection, pedicle screw misplacement, instrumentation failure, and instrumentation protrusion). In such patients, implant removal still remains controversial, although implant removal after thorough intraoperative fusion exploration may alleviate their pain. There are only few studies in the literature addressing the issues of implant removal after spinal surgery. Removal of pedicle screws because of back pain only leads in 12% of patients to complete remission of symptoms. However, 63% of patients would undergo the same procedure again. Preoperative diagnostic infiltration can help to predict the outcome, but results are inconsistent. The ideal patient, who will most likely significantly benefit from implant removal, should display preoperatively a well localized implant-related pain, and have undergone a conclusive diagnostic infiltration. Furthermore, the patient should be capable of limiting his expectations within realistic levels. This patient demonstrates back pain and tenderness to palpation on examination over the pedicle screws. He has also undergone several injections, which do help his pain immediately following injection. Therefore, he would be a candidate for operative intervention to remove hardware and do a thorough fusion exploration as stated above. The prior Utilization Review is overturned and the operative procedure is medically necessary.

Inpatient stay, one day: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Hospital Length of Stay.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Implant Removal After Posterior Stabilization of the thoraco-lumbar spine. Arch Orthopedic Trauma Surgery. Published online: 29 August 2009.

Decision rationale: Of 57 patients in this study, the mean hospital stay was 7.1 days, ranging from 1 to 20 days in the hospital. Therefore, an inpatient stay 1 day is reasonable and found to be medically necessary. The prior utilization review is overturned based on the fact that the surgery is found to be medically necessary and therefore an inpatient hospital stay is also found to be medically necessary.

Lumbar Brace: 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, Back Brace, post operative (fusion).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Postoperative bracing after spine surgery for degenerative conditions: a questionnaire study. Spine J. 2009 Apr; 9 (4): 309-16. Guidelines for the performance of fusion procedures for degenerative disease of the lumbar spine. Part 14: brace therapy as an adjunct to or substitute for lumbar fusion. J Neurosurg Spine. 2005 Jun; 2 (6): 716- 24.

Decision rationale: Although most of the respondents brace their patients postoperatively, there is an obvious lack of consensus regarding the most appropriate type, duration, and indications for immobilization. Further prospective, clinical studies may play a helpful role in evaluating the efficacy of postoperative bracing protocols. The second article referenced above states that no information is available on the benefit of bracing for improving fusion rates or clinical outcomes following instrumented lumbar fusion for degenerative disease. Therefore, it is reasonable and medically necessary to have a lumbar brace following hardware removal on the lumbar spine. The prior utilization review is overturned as the surgery was felt to be medically necessary, and therefore a postoperative lumbar spine brace is also felt to be medically necessary.

Preoperative medical clearance with internist with chest X-ray, labs, and EKG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.guideline.gov/content.aspx?id=48408>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Preoperative Testing Before Noncardiac Surgery: Guidelines and Recommendations. Am Fam Physician. 2013 Mar 15; 87 (6): 414-418.

Decision rationale: Certain parts of the request are medically necessary and appropriate: Preoperative medical history and physical exam for clearance, ECG, CBC, Creatinine & electrolytes are medically necessary. However, the Chest x-ray, UA, and coagulation studies are not medically necessary. The prior utilization review is upheld since only a portion of this preoperative request is found to be medically necessary as discussed above.