

Case Number:	CM14-0127312		
Date Assigned:	08/15/2014	Date of Injury:	04/17/2009
Decision Date:	10/28/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	08/11/2014

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. The expert reviewer is Board Certified in Orthopedic Spine Surgery and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 32-year-old male who reported an injury on 04/17/2009. The injured worker was reportedly involved in a forklift accident. The current diagnoses include post laminectomy syndrome and pseudoarthrosis at the lumbosacral junction. Previous conservative treatment was noted to include medications, chiropractic treatment, and physical therapy. The injured worker was evaluated on 06/19/2014. The physical examination revealed an antalgic gait, limited lumbar range of motion, and percussion tenderness. The treatment recommendations at that time included authorization for a lumbar spine fusion. There was no Request for Authorization submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Re-exploration of Fusion & Consideration of Revision Fusion & Decompression L5-S1:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 305-306.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation is indicated for patients who have severe and disabling lower extremity symptoms; activity limitations for more than 1 month; clear clinical, imaging, and electrophysiological evidence of a lesion; and a failure of conservative treatment. The Official Disability Guidelines state preoperative clinical surgical indications for a spinal fusion should include the identification and treatment of all pain generators, completion of all physical medicine and manual therapy interventions, documented spinal instability upon x-ray or CT myelogram, spine pathology that is limited to 2 levels, and completion of a psychosocial screening. As per the documentation submitted, there were no recent imaging studies or flexion/extension view radiographs submitted for this review. There was no indication of an infection, hardware failure, nonunion, or an adjacent segment disease that would warrant the need for a revision or re-exploration of a previous fusion. As the medical necessity has not been established, the request is not medically appropriate.