

Case Number:	CM14-0168690		
Date Assigned:	11/03/2014	Date of Injury:	12/03/2005
Decision Date:	12/16/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/13/2014

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 Surgery, and is licensed to practice in South Carolina & Georgia. 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 46-year-old female who reported an injury on 12/03/2005. The mechanism of injury was not submitted for review. The injured worker has a diagnosis of cervical discogenic disease, status post cervical fusion, chronic cervical sprain/strain, status post lumbar fusion, symptomatic hardware lumbar spine to the right side at L4, lumbar discogenic disease, right knee internal derangement, right shoulder impingement syndrome with bursitis and intractable low back pain. Past medical treatment consists of surgery, the use of a TENS unit, physical therapy, and medication therapy. Medications consist of Norco, Prilosec, and Flexeril. On 05/09/2013, the injured worker underwent a postop MRI of the lumbar spine, which revealed a minor annular bulge of the L3-4 intervertebral disc with a small protrusion on the left far laterally, mild central canal stenosis with mild left neural foraminal narrowing with slight posterolateral displacement of the exiting left L3 nerve root. It was also noted that at the L3-4 level, there was mild retrolisthesis. Intervertebral disc was mildly decreased and high in signal intensity with a minor annular disc bulge with a small protrusion on the left far laterally. Moderate facet joint degenerative changes were seen with ligamentum flavum thickening and trace fluid. Mild canal stenosis was seen with mild left neural foraminal narrowing with slight posterolateral displacement of the exiting left L3 nerve root. A midline laminectomy defect was seen at both levels with interbody fusion and posterolateral hardware including bilateral L4 - S1 pedicle screws with interconnecting rods. On 09/30/2014, the injured worker complained of severe back, leg, right knee, and neck pain. Physical examination revealed severe, intractable lower back pain with healed scar. There was trigger point on the right side. There was positive sciatic to the right leg. It was also noted that there was a positive straight leg raise on the right to 40 degrees. Medical treatment plan is for the injured worker to undergo anterior posterior spinal revision, lumbar fusion at L3-4, removal of hardware at L4-5, and exploration of mass at fusion

site. The provider feels that the injured worker is at risk for fracture without surgery. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

anterior-posterior spinal revision: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: The request for anterior posterior spinal revision is not medically necessary. According to the California MTUS/ACOEM Guidelines, spinal fusions are not usually considered during the first 3 months of symptoms unless there is trauma related to spinal fracture or dislocation. The guidelines also state that there is no good evidence from controlled trials that spinal fusion alone is effective for treating any type of acute low back problem, in the absence of spinal fracture, dislocation, or spondylolisthesis if there is instability and motion in the segment operated on. The submitted documentation indicated that the provider felt the injured worker was at risk for fracture, not that the injured worker had a spinal fracture. Additionally, it was noted that the injured worker had undergone spinal fusion back in 2012. However, there was no documentation indicating the outcome of surgery. Furthermore, there was no indication of the injured worker having tried and failed conservative treatment to maximize healing. Postop MRI revealed fusion and posterolateral hardware including bilateral L4-S1 pedicle screw with interconnecting rods at L4-5 and L5-S1. There was no central canal or neural foraminal stenosis. It is unclear how the provider feels a revision of anterior posterior spinal fusion would be beneficial to the injured worker. Given the above, the injured worker is not within recommended guideline criteria. As such, the request is not medically necessary.

lumbar fusion at L3-4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: The request for lumbar fusion at L3-4 is not medically necessary. According to the California MTUS/ACOEM Guidelines, spinal fusions are not usually considered during the first 3 months of symptoms unless there is trauma related to spinal fracture or dislocation. The guidelines also state that there is no good evidence from controlled trials that spinal fusion alone is effective for treating any type of acute low back problem, in the absence of spinal fracture, dislocation, or spondylolisthesis if there is instability and motion in the segment operated on. The submitted documentation indicated that the provider felt the injured worker was at risk for fracture, not that the injured worker had a spinal fracture. Additionally, it was noted that the injured worker had undergone spinal fusion back in 2012. However, there was no

documentation indicating the outcome of surgery. Additionally, there was no indication of the injured worker having tried and failed conservative treatment to maximize healing. Postop MRI revealed fusion and posterolateral hardware including bilateral L4-S1 pedicle screw with interconnecting rods at L4-5 and L5-S1. There was no central canal or neural foraminal stenosis. It is unclear how the provider feels a revision of anterior posterior spinal fusion would be beneficial to the injured worker. Given the above, the injured worker is not within recommended guideline criteria. As such, the request is not medically necessary.

removal of orthopedic hardware - L4-5 graft: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (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, Hardware implant removal (fixation)

Decision rationale: The removal of orthopedic hardware at L4-5 is not medically necessary. According to the ODG, hardware removal is not recommended as routine. It is, however, recommended in cases of broken hardware or persistent pain after ruling out other causes of pain such as infection and nonunion. It is not recommended solely to protect against allergy, carcinogenesis, or metal detection. Although hardware removal is commonly done, it should not be considered a routine procedure. There was no indication in the submitted documentation of the provider having suspicion of broken hardware. It was documented that the injured worker had pain to the lumbar spine, however, there were no measurable pain levels documented. Given that removal of the hardware is not recommended per ODG, and lack of evidence, the request would not be medically necessary.

exploration of mass at fusion site: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

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

associated surgical service: neurological monitoring: Upheld

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

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

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

associated surgical service: walker: Upheld

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

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

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

associated surgical service: brace: Upheld

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

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

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

associated surgical service: commode (3-in-1): Upheld

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

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

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

associated surgical service: bone stimulator: Upheld

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

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

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

associated surgical service: medical clearance: Upheld

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

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

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

associated surgical service: three-day hospital stay: Upheld

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

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

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

associated surgical service: home health evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

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

associated surgical service: home health aide (4 X 5 X 2): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

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

associated surgical service: consultation with vascular surgeon (██████████): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation cms.gov 250.9-coding assistant at surgery services rendered

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

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

associated surgical service: medical clearance for anterior-posterior spinal revision: Upheld

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

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

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