

Case Number:	CM14-0216472		
Date Assigned:	01/06/2015	Date of Injury:	02/07/1994
Decision Date:	03/03/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/26/2014

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. 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: New York, New Hampshire, Washington
 Certification(s)/Specialty: Orthopedic 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 patient has chronic back pain. The patient had previous lumbar fusion surgery. CAT scan of the lumbar spine shows hardware in satisfactory position. There is intact fusion from L2-S1. The patient takes narcotics for pain. MRI lumbar spine to generate 2014 shows no foraminal stenosis from L2-S1. On physical examination the patient has tenderness palpation of the lumbar spine. The patient continues to have chronic pain. At issue is whether revision surgeries medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 Day inpatient right sacroiliac joint arthrodesis lumbar hardware removal fusion exploration and laminectomy decompression L2-3, L3-4, L4-5, L5-S1 with assistant surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Hip & Pelvis

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-322. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low-Back Chapter

Decision rationale: This patient does not meet criteria for revision lumbar surgery. Specifically there is no documentation of failure fusion. CAT scan demonstrates no evidence of failure fusion. There is no evidence of loose hardware and imaging studies. The medical records do not document the patient has exhausted conservative measures to include physical therapy. More conservative measures are needed. The diagnosis of pseudoarthrosis has not include established in medical records. Revision lumbar fusion surgery not medically necessary.