

Case Number:	CM15-0001245		
Date Assigned:	01/12/2015	Date of Injury:	04/02/2001
Decision Date:	03/19/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	01/05/2015

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: Minnesota, Florida
 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 injured worker is a 66 year old male, who sustained an industrial injury on April 2, 2001. He has reported continued low back pain. The diagnoses have included lumbosacral spondylosis. Treatment to date has included previous lumbar surgery. Currently, the injured worker complains of continued low back pain. A neurological surgeon evaluated the injured worker and noted that the previous surgical site was well-healed and that the injured worker would be evaluated for potential treatment for a pseudoarthrosis or a non-healed fusion. A bone scan done six months prior to the evaluation noted an increase uptake at the L3-4 level and stenosis at the L3-4 level. On December 18, 2014 Utilization Review non-certified an L3-4 posterior redo compression and stabilization with fusion and posterior lateral fusion noting the requested surgery did not meet the Official Disability Guidelines. The UR physician noted that the Official Disability Guidelines state that revision surgery for failed previous operation(s) if significant function gains are anticipated and that revision surgery for purposes of pain relief must be approached with extreme caution due to the less than 50% success rate reported in the medical literature. The request for an inpatient hospital stay was noncertified because the surgical procedure was not certified. The Official Disability Guidelines were cited. On January 5, 2015, the injured worker submitted an application for IMR for review of inpatient hospital stay, L3-4 posterior redo compression and stabilization with fusion and posterior lateral fusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

L3-4 posterior redo decompression and stabilization with fusion and posterior lateral fusion: 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) Treatment Index 12th Edition (web) 2014 Low Back Spinal Fusion

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 310. Decision based on Non-MTUS Citation Section: Low Back, Topic: Fusion, spinal, Patient selection criteria for lumbar spinal fusion

Decision rationale: The injured worker is a 66-year-old male with chronic low back pain status post L3-S1 anterior and posterior fusion. The provider is suspecting a pseudoarthrosis at L3-4. Flexion/extension x-rays are negative for instability. A CT did not show conclusive evidence of pseudoarthrosis at L3-4. The hardware is intact. There is evidence of moderate to severe central stenosis at L3-4. California MTUS guidelines do not recommend a spinal fusion in the absence of fracture, dislocation, complications of tumor, or infection. The guidelines do not apply to a redo of a fusion. ODG guidelines are therefore used. ODG guidelines with regard to revision surgery indicate that revision surgery must be approached with extreme caution due to less than 50% success rate reported in the medical literature. The pseudoarthrosis must be identified by imaging studies prior to surgery. Lumbar fusion in Worker's Compensation patients in general has a very low success rate. A recent study of 725 Worker's Compensation patients in Ohio who had lumbar fusion found only 6% were able to go back to work a year later, 27% needed another operation, and over 90% were in enough pain that they were still taking narcotics at follow-up. The Presidents of AAOS, and NASS, AANS, CNS, and SAS issued a joint statement to [REDACTED] recommending patient selection criteria for lumbar fusion in degenerative disc disease. The criteria included at least 1 year of physical and cognitive therapy, inflammatory endplate changes (Modic changes) moderate to severe disc space collapse, absence of significant psychological comorbidities and absence of litigation or compensation issues. The criteria of denying fusion if there are compensation issues may apply to Worker's Compensation patients. Based upon ODG criteria that the pseudoarthrosis must be clearly identified prior to surgery, the request for a revision of the spinal fusion does not meet the guideline criteria and as such, the medical necessity of the request is not substantiated.

Inpatient Stay: 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.

