MAXIMUS Federal Services

Case Number:	CM15-0010520		
Date Assigned:	01/21/2015	Date of Injury:	12/01/2006
Decision Date:	03/17/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	01/19/2015

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: Illinois, California, Texas
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 46 year old male who sustained an industrial injury on 12/1/06. The patient underwent a lumbar fusion in 2009 with a note of pseudoarthrosis after the initial surgery. There was a hiatus in treatment from 2010 to March 2014. Treatment since March has included lumbar MRI, epidural steroid injection on 5/27/14, CT scan on 9/29/14, MRI 10/1/14, and hardware blocks on 9/30/14. The 3/3/14 lumbar spine xrs showed status post fusion with multiple metal screws at L4/5 and L5/S1. The 9/29/14 lumbar CT scan impression documented posterior fusion at L4/5 and L5/S1 with metallic disc prosthesis in plane without loosening or displacement. There were mild hypertrophic facet changes and mild lateral recess stenosis. Posterior fusion was documented. The 10/2/14 lumbar spine MRI impression documented surgical fusion at L4/5 and L5/S1 with diffuse disc protrusion at L4/5 with effacement of the thecal sac and bilateral L4 nerve roots. Records indicated that the 9/20/14 hardware blocks at L4, L5/S1 and S1 provided only 25% pain relief. The 12/3/14 treating physician report cited low back pain radiating to the left leg with prior evaluation 4 years ago and recommendation of lumbar revision fusion. The patient was a current smoker. Lumbar exam documented paraspinal tenderness, moderate loss of flexion and extension, and normal lower extremity strength, sensation and reflexes. The diagnosis was status post lumbar decompression and fusion with pseudoarthrosis as seen on CT scan 4 years ago. Revision fusion L4 to S1 was recommended. On 12/19/14, Utilization Review non-certified a request for a lumbar fusion revision L4-S1 citing no documentation of translational instability, no current imaging evidence of hardware or fusion failure, nicotine dependence, and no exercise program documented. The MTUS, ACOEM

Guidelines, (or ODG) was cited. The 12/29/14 treating physician appeal letter stated that the lumbar CT scan of 9/29/14 did not show a bony bridge at the L4 through S1 level. There is no fusion mass at the attempted fusion site. There is a posterior fusion with metallic prosthesis in place. Appeal of the L4 through S1 fusion exploration and possible revision was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Fusion revision L4-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Lumbar Spine

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back Lumbar & Thoracic: Fusion (spinal)

Decision rationale: The California MTUS guidelines do not provide specific recommendations for revision lumbar fusion. The Official Disability Guidelines (ODG) recommend revision surgery for failed previous operations if significant functional gains are anticipated. Revision surgery for the purposes of pain relief must be approached with extreme caution due to less than 50% success rate reported in medical literature. Pre-operative clinical surgical indications require completion of all physical therapy and manual therapy interventions, x-rays demonstrating spinal instability, spine pathology limited to 2 levels, and psychosocial screening with confounding issues addressed. For any potential fusion surgery, it is recommended that the injured worker refrain from smoking for at least six weeks prior to surgery and during the period of fusion healing.Guideline criteria have not been met. This patient presents with persistent radicular back pain almost 5 years post surgery. There is reported imaging evidence of a failed fusion at the L4/5 and L5/S1 levels reported since 2010. There is also evidence of nerve root compression due to a disc protrusion at L4/5. There is no evidence of a neurologic deficit. The patient is a current smoker with no documentation of smoking cessation. A psychosocial evaluation is not evidenced. Therefore, this request for lumbar fusion revision at L4-S1 is not medically necessary at this time.