

Case Number:	CM15-0123638		
Date Assigned:	07/14/2015	Date of Injury:	08/15/1998
Decision Date:	08/07/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/26/2015

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: California, Indiana, Oregon
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 58 year old male, who sustained an industrial injury on 8/15/1998. Diagnoses include lumbar degenerative disc disease. Treatment to date has included surgical intervention (lumbar fusion, 2012). Per the Primary Treating Physician's Progress Report dated 5/18/2015, the injured worker presented for evaluation of a recent computed tomography (CT) scan which demonstrated fluid collection in the lumbar spine. He also reported concerns of the right T11 pedicle screw with slight medial breaching of the medial wall. Physical examination revealed lower extremity motor strength intact, 5/5 in all muscle groups. He continues to have a palpable fluid wave in the lumbar spine. The plan of care included, and authorization was requested for irrigation and debridement of lumbar fluid collection and culture analysis and facility outpatient.

IMR ISSUES, DECISIONS AND RATIONALES

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

Irrigation and Debridement of Lumbar Fluid Collection and Culture Analysis: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) infectious disease.

Decision rationale: CA MTUS/ACOEM is silent on surgery for infection in the spine after instrumentation. ODG infectious diseases are referenced. Recommend antibiotic treatment, and surgical debridement is considered only in the case of abscess compressing the spinal cord, when medical management fails, or the spine is mechanically unstable. A majority of patients can be treated non-operatively. After septic workup and biopsy, antibiotic treatment can be initiated. In this case, there is no documentation of a non-surgical work-up (i.e. labs or aspiration) to confirm infection. If infection exists, it can most likely be managed medically. Based on this, the request is not medically necessary.

Associated surgical service: Facility Outpatient: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) infectious disease.

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