

## Independent Medical Review Final Determination Letter

510

[REDACTED]  
[REDACTED]  
[REDACTED]

Dated: 12/31/2013

|   |               |                              |            |
|---|---------------|------------------------------|------------|
| <b>IMR Case Number:</b>                                   | CM13-0016860  | <b>Date of Injury:</b>       | 09/14/2007 |
| <b>Claims Number:</b>                                     | [REDACTED]    | <b>UR Denial Date:</b>       | 07/30/2013 |
| <b>Priority:</b>  | STANDARD      | <b>Application Received:</b> | 08/26/2013 |
| <b>Employee Name:</b>                                     | [REDACTED]    |                              |            |
| <b>Provider Name:</b>                                     | [REDACTED] MD |                              |            |
| <b>Treatment(s) in Dispute Listed on IMR Application:</b> |               |                              |            |
| REMOVAL OF POSTERIOR HARDWARE L4-L5 AND L5-S1             |               |                              |            |

DEAR [REDACTED]

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH  
Medical Director

cc: Department of Industrial Relations, [REDACTED]

## HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in California. 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 physician 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.

### DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

### CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 63-year-old gentleman injured on 9/14/07. The clinical records for review include an orthopedic consultation dated 7/29/13 indicating chronic complaints of neck, shoulder, low back, and left and right knee pain. It states that he is status post a lumbar spine surgery in 2010 with hardware placement. His physical examination findings at that time showed the lumbar spine to be with full motor strength to the lower extremities in all major muscle groups, positive Romberg test on the right, and a knee examination with positive McMurray testing. The lumbar spine was with a well-healed incision with sciatic notch tenderness and restricted range of motion. Dr. [REDACTED] at that time diagnosed the claimant with lumbar spine spondylosis, lumbar disc syndrome with previous hardware, and "failed back syndrome." He prescribed medications in the form of Flexeril and Tramadol. He stated that the claimant was scheduled to undergo a hardware injection in August 2013. The claimant followed up on 7/19/13 with Dr. [REDACTED] for which lower extremity evaluation showed 4/5 strength with knee extension and hip flexion on the right compared to the left with +1 right knee reflex compared to +2 on the left. He described diminished sensation in an L3 and L4 dermatomal distribution to the left lower extremity. In addition to recommending a hardware injection, he recommended request for epidural injections to be performed at the right L3-4 and L4-5 level as the claimant was noted to have received 60% pain relief from his initial procedure. This injection took place on 6/21/13. Clinical imaging to the lumbar spine included an MRI report dated 4/21/11 that showed prior discectomy and interbody fusion at L4-5 and L5-S1 with allograft and hardware with the L3-4 level being with a broad-based disc protrusion with mild left greater than right lateral foraminal narrowing.

The last follow up for review was dated 9/6/13 with Dr. [REDACTED] stating that on 8/22/13 the claimant underwent lumbar surgery for hardware removal. His physical examination demonstrated a well-healed recent scar, moderate to severe tenderness to palpation,

and restricted range of motion. Treatment recommendations were for epidural steroid injection once again to be performed at the right L3-4 and L4-5 levels.

### **IMR DECISION(S) AND RATIONALE(S)**

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

#### **1. Removal of posterior hardware at L4-L5, and L5-S1 is not medically necessary and appropriate.**

The Claims Administrator based its decision on the Low Back Complaints (ACOEM Practice Guidelines, 2<sup>nd</sup> Edition (2004), Chapter 12), which is part of the MTUS

The Physician Reviewer based his/her decision on the Low Back Complaints (ACOEM Practice Guidelines, 2<sup>nd</sup> Edition (2004), Chapter 12) pages 305-307, which is part of the MTUS, and the Official Disability Guidelines, Low Back Section, TWC, 18<sup>th</sup> Edition, 2013 Updates, Hardware Implant Removal, which is not part of the MTUS.

The Physician Reviewer's decision rationale:

CA MTUS with respect to referral for surgery states there should be "Clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair" and Official Disability Guidelines specifically with respect to hardware removal states "Not recommend the routine removal of hardware implanted for fixation, except in the case of broken hardware or persistent pain, after ruling out other causes of pain such as infection and nonunion". The treating physician's records indicated that a hardware injection was recommended in addition to epidural steroid injections. There is also indication that the epidural steroid injections provided in June had given some relief. As there was not documentation as to if the hardware injection was done and if done what response there was, it is not clear that there was evidence of a lesion that would benefit from surgical repair and or that other causes of pain had been ruled out, the hardware removal would not be medically supported. **The request for removal of posterior hardware at L4-L5, and L5-S1 is not medically necessary and appropriate.**

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.

[REDACTED]

CM13-0016860