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## Independent Medical Review Final Determination Letter

[REDACTED]  
[REDACTED]  
[REDACTED]

Dated: 12/20/2013

<b>IMR Case Number:</b>	CM13-0018680	<b>Date of Injury:</b>	10/31/2001
<b>Claims Number:</b>	[REDACTED]	<b>UR Denial Date:</b>	08/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/30/2013
<b>Employee Name:</b>	[REDACTED]		
<b>Provider Name:</b>	[REDACTED]		
<b>Treatment(s) in Dispute Listed on IMR Application:</b>	LUMBAR SPINE HARDWARE REMOVAL		

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]  
[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, has a subspecialty in Spine 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:

The patient is a 51-year-old female who reported an injury on 01/15/2002. The mechanism of injury was not provided for review. The patient was status post cervical discectomy and fusion. The patient was conservatively treated with acupuncture, aquatic therapy, a TENS unit, and medications. The patient had continued complaints of low back pain with radiculopathy, and surgical intervention was recommended. The patient underwent lumbar fusion. The patient underwent an EMG on 05/06/2013 that concluded there was evidence of moderate chronic L5-S1 radiculopathy to the right. Physical findings included assisted ambulation, tenderness at the C2-7, C8-12, and L1-S1 levels. The patient had a positive straight leg raising test, positive bilateral McMurray's test, positive Kemp's test, positive Phalen's test, positive Cozen's test, and positive Mill's test. The patient's diagnoses include cervical sprain, lumbosacral sprain, lumbosacral radiculopathy, status post cervical discectomy and fusion. The patient's treatment plan included a home exercise program and lumbar spine hardware removal.

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

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

#### **1. The removal of lumbar spine hardware is not medically necessary and appropriate.**

The Claims Administrator based its decision on the the Official Disability Guidelines, which are not a part of MTUS.

The Physician Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Physician Reviewer based his/her decision on the Official Disability Guidelines (ODG), Low Back Chapter.

The Physician Reviewer's decision rationale:

The employee does have ongoing pain complaints of radiculopathy in the lumbar region. The ODG do not recommend the routine removal of implanted hardware for fixation. Clinical documentation submitted for review does indicate that the employee has persistent pain that has failed to respond to conservative treatments. However, there is no documentation that other pain generators have been ruled out. Additionally, the employee's pain is not specifically related to broken hardware and not supported by imaging studies. **The request for the removal of lumbar spine hardware is not medically necessary and appropriate.**

/dso

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]

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