

<b>Case Number:</b>	CM13-0016656		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	11/14/2002
<b>Decision Date:</b>	01/21/2014	<b>UR Denial Date:</b>	08/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2013

### 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 Fellowship Training 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. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 51-year-old female. The patient had CT findings of postsurgical changes at L4-5 and L5-S1 with no significant canal or foraminal stenosis. The patient has disc bulging and facet degeneration at L3-4 resulting in moderate canal stenosis and moderate bilateral foraminal stenosis. The patient has been recommended for removal of hardware at L4-S1 and L3-4 decompression and fusion. The patient has complaints of low back pain radiating into the bilateral thighs. The patient had completed 3 to 4 sessions of physical therapy and could not assess results. On examination, the patient was noted to have 4/5 right hip flexion strength and 3/5 on the left. The patient also had decreased sensation in the left lower extremity with positive bilateral straight leg raise.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**removal of hardware L4-5, S1 with L3, L4 decompression laminectomy and fusion:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Hardware Removal

**Decision rationale:** The California MTUS/ACOEM guidelines state that "Patients with increased spinal instability (not work related) after surgical decompression at the level of degenerative spondylolisthesis may be candidates for fusion. There is no scientific evidence about the long term effectiveness of any form of surgical decompression or fusion for degenerative lumbar spondylosis compared with natural history, placebo, or conservative treatment. There is no good evidence from controlled trials that spinal fusion alone is effective for treating any type of acute low back problem, in the absence of spinal fracture, dislocation, or spondylolisthesis if there is instability and motion in the segment operated on." The California MTUS/ACOEM guidelines do not address hardware removal. The Official Disability Guidelines do "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. Not recommended solely to protect against allergy, carcinogenesis, or metal detection. Although hardware removal is commonly done, it should not be considered a routine procedure. The decision to remove hardware has significant economic implications, including the costs of the procedure as well as possible work time lost for postoperative recovery, and implant removal may be challenging and lead to complications, such as neurovascular injury, refracture, or recurrence of deformity." The documentation submitted for review indicates that the patient has imaging evidence of moderate stenosis at the L3-4 level. The patient has ongoing low back pain despite prior fusion in 2005. The patient does have neurological deficits on examination that have been unresponsive to conservative care including medication management and physical therapy. However, the patient has not undergone any epidural steroid injections recently. Furthermore, the patient would not require removal of hardware at the S1 level for the proposed decompression and surgery at L3-4. In addition, there was no psychological evaluation which would be recommended by guidelines especially in light of the patient's diagnosis of depression. Given the above, the request is non-certified at this time.