

<b>Case Number:</b>	CM13-0019693		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	08/11/2005
<b>Decision Date:</b>	02/26/2014	<b>UR Denial Date:</b>	08/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2013

### 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 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 53-year-old injured worker who was injured on 08/11/05. Previous spinal fusion of L4 to S1 was carried out in 2006. The claimant has been diagnosed with failed back syndrome, failed spinal cord stimulator trial, and chronic pain syndrome. He has been seen by a pain specialist for chronic narcotic medicines, and a physician to prescribe psychotropic medicines as well. There was no documentation to indicate that the lumbosacral surgeries actually provided any benefit, given the claimant's persistent symptomatology. The patient has had extensive treatment with medicines, physical therapy, TENS unit, and spinal cord stimulator implant to date. It was not clear by the medical records available for review how the source of pain was been deduced as the L3-4 level of the persistent hardware at L4 or S1. There was no progressive neurologic deficit, spinal instability, tumor, or infection documented within the medical records to necessitate further surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hardware removal L4-S1:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter low back: Hardware Implant Removal.

**Decision rationale:** Based on the medical records provided for review It is not clear how the source of pain has been deduced as being the L3-4 level of the persistent hardware at L4 or S1. The Official Disability Guidelines (ODG) do not recommend hardware removal unless there is a diagnosis of broken hardware or persistent pain, after ruling out other causes of pain such as infection and nonunion. While the records document this claimant has persistent pain, there are no medical records that rule out infection, nonunion, or broken hardware. The request for Hardware removal L4-S1 is not medically necessary and appropriate.

**3 day hospital stay:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter Low Back: Fusion: Hospital Length Of Stay.

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

**Assistant surgeon:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physicians as Assistants 2011

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Milliman care Guidelines 17th Edition: Assistant surgeon.

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

**1 unit autologous blood:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 24.

**Decision rationale:** Based on the ACOEM Guidelines, Elbow Chapter, the medical records provided for review do not meet the criteria for one unit of autologous blood. The request for 1 unit autologous blood is not medically necessary and appropriate.

**Decompression, instrumentation and fusion L3-4:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 310.

**Decision rationale:** Based on the CA MTUS ACOEM 2004 Guidelines, lumbar decompression, instrumentation, fusion at L3-4 cannot be supported. It is not clear from the medical records available for review how the source of pain has been deduced as being the L3-4 level. There is no documentation to support a progressive neurologic deficit, spinal instability, tumor, or infection at L3-4 to necessitate further surgery. These medical records do not support lumbar decompression and instrumented fusion of L3-4. The request for Lumbar decompression, instrumentation and fusion L3-4 is not medically necessary and appropriate.