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| Case Number: | CM13-0028200 | | |
| Date Assigned: | 11/22/2013 | Date of Injury: | 06/30/2008 |
| Decision Date: | 02/24/2014 | UR Denial Date: | 09/16/2013 |
| Priority: | Standard | Application Received: | 09/23/2013 |

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 New Hampshire, New York, and Washington. 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 47-year-old female with a date of injury of June 30, 2008. At issue is whether removal of posterior spinal instrumentation in the lumbar spine is needed. The patient complains of chronic low back pain and right and left leg pain. The patient also describes weakness and changes in sensation in the legs. Physical examination reveals a normal gait as well as lower extremities normal for sensation, muscle tone, reflexes and pulses. The patient had spine surgery for fusion in 2011 in the lumbar spine. The portion that had revision surgery in March 2012 was the L4-5 fusion with anterior bone grafting and posterior instrumentation. The patient describes 30% improvement since revision surgery. CT scan on November 2012 revealed no evidence of spondylolisthesis and no evidence of neural foraminal narrowing or spinal stenosis. Patient had radiographs that showed good evidence of fusion at L4-5. Electromyography (EMG)/Nerve Conduction Studies (NCS) in November 2012 revealed right L5 radiculopathy. Treatment has included multiple medications, physical therapy and work modifications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Removal of posterior segmental instrumentation of the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic).

Decision rationale: This patient does not require spinal hardware removal. Radiographs document solid fusion at L4-5. Radiographs and CT scan do not document any evidence of misplaced hardware, broken hardware, or loosening of the hardware. There is no evidence of any problems with his hardware in the medical records. There is no evidence of deep wound infection. In addition, the patient does not have imaging studies that show significant compression of a nerve root from the instrumentation. Also, the patient has not had a hardware block or any other study that identifies hardware as the source of her chronic pain. Additionally, it is unlikely that appropriately-placed hardware is responsible for the patient's leg symptoms. Therefore, medical necessity for hardware removal surgery is not established at this time.