

Case Number:	CM13-0031799		
Date Assigned:	12/04/2013	Date of Injury:	10/27/2007
Decision Date:	02/14/2014	UR Denial Date:	09/05/2013
Priority:	Standard	Application Received:	10/04/2013

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 claimant is a 63-year-old gentleman who was injured in a work related accident on October 27, 2007. The most recent clinical assessment of August 15, 2013 by [REDACTED] documented that the claimant had a current diagnoses of status post L3 through 5 interbody fusion with hardware and continued complaints of pain. Subjectively, there was noted to be continued complaints of pain that [REDACTED] indicated were related to the claimant's retained symptomatic hardware. The claimant described pain with cold weather and prolonged periods of sitting. Radicular process was not described. Lumbar evaluation showed "transient symptoms in the L3-4 and L4-5 roots" with tenderness to palpation. Based on failed conservative care in the postoperative setting, surgical hardware removal with inspection of fusion and possible revision fusion procedure was recommended for further treatment. The operative report in this case was dated April 6, 2012 for the above mentioned two level fusion procedure. Postoperative clinical imaging for review included radiographs of the lumbar spine from July 11, 2013 that showed bone grafting and healing noted at the L3-4 and L4-5 levels.

IMR ISSUES, DECISIONS AND RATIONALES

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

L3-5 Removal Of Lumbar Spinal Hardware With Inspection Of Fusion Mass Neural Exploration, Possible Regrafting: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307. Decision based on Non-MTUS Citation Disability Guidelines (ODG)-- Official Disability Guidelines Treatment in Worker's Comp, 18th Edition, 2013 Updates: low back procedure - Hardware implant removal (fixation).

Decision rationale: Based on ACOEM Guidelines and supported by Official Disability Guideline criteria, the two level revision procedure that would include removal of hardware and exploration with revision fusion at the L3-5 level would not be supported. The records in this case fail to indicate the claimant's hardware as being symptomatic, loose or at the forefront of clinical etiology. Postoperative imaging for review only demonstrates satisfactory position of hardware on radiographs. The acute need of the above mentioned procedure in absence of symptoms or ruling out other causes of pain generators would not be supported.

Inpatient Stay: 2 Days: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- TWC, Low Back Procedure.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-- Official Disability Guidelines Treatment in Worker's Comp , 18th Edition, 2013 Updates: low back procedure - Fusion (spinal)

Decision rationale: MTUS Guidelines are silent. When looking at Official Disability Guideline criteria, two day inpatient length of stay would not be supported as the need for operative intervention in this case has not been established.

Assistant Surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Milliman Care Guidelines 17th edition: Assistant Surgeon Guidelines

Decision rationale: MTUS Guidelines are silent. When looking at Milliman Care Guidelines, operative process in this case has not been established as necessary negating the need for an intraoperative assistant surgeon.

Medical Clearance With Internist [REDACTED]: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004)--Occupational Medical Practice Guidelines (OMPG) (Second Edition, 2004), Chapter 7 Independent Medical Examinations and Consultations, page 127.

Decision rationale: Based on California ACOEM Guidelines, preoperative medical clearance with [REDACTED] would not be indicated. The role of surgical process in this case has not been established thus negating the need of this preoperative assessment