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| <b>Case Number:</b>   | CM13-0035555 |                              |            |
| <b>Date Assigned:</b> | 12/13/2013   | <b>Date of Injury:</b>       | 02/24/2009 |
| <b>Decision Date:</b> | 02/03/2014   | <b>UR Denial Date:</b>       | 09/06/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/17/2013 |

### 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 42-year-old male with his date of injury is February 24, 2009. The patient injured his back and complains of chronic back pain. A postoperative CT myelogram November 2012 failed to demonstrate spinal fusion. The patient has had severe persistent back pain with radiating leg symptoms. He had previous surgery with hardware removal in June 2012. The patient had revision L4-S1 interbody fusion with instrumentation. The date of surgery was March 21, 2013. The patient has been recommended for revision spinal fusion surgery at L4-5 and L5-S1 with hardware removal. On physical examination the patient has stiffness and reduced range of motion in his lumbar spine. He walks with a cane. He has difficulty balancing on his heels and toes because of back pain. Neurologic deficit and radiculopathy is not documented in the bilateral lower extremities. Patient's main complaint is chronic axial back pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar Spine Hardware Removal:** 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.

**Decision rationale:** This patient does not meet established criteria for revision spinal surgery. The medical necessity for hardware removal at this time has not been established. The medical records indicate that the patient had a postoperative wound infection that was successfully managed with antibiotics. Additionally the records mention that the antibiotics were maintained until a documented solid fusion was achieved. Solid spinal fusion has been documented on CT scan at this time. Imaging studies do not document evidence of hardware loosening or malposition. In addition there is no evidence of worsening or persistent infection documented in the medical record. Most recent note indicates that the infection has been successfully managed. Peer Review literature for revision spinal surgery for removal of hardware does not recommend routine removal of spinal instrumentation. This patient has had multiple surgeries and has chronic back pain. Patient has CT scan that shows spinal fusion with excellent decompression of the spinal canal and neuroforamina. Additional spinal surgery is not likely to improve this patient's chronic back pain. Established peer Review literature does not support removal of instrumentation in his case as the patient does not have instrumentation loosening, malposition, and has had multiple previous spinal surgeries. The likelihood of pain improvement with implant removal of this case is extremely low. Therefore, removal of spinal instrumentation is not approved.