

<b>Case Number:</b>	CM13-0039861		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	06/18/2008
<b>Decision Date:</b>	04/23/2014	<b>UR Denial Date:</b>	09/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert 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 expert 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:

This 47-year-old female sustained an industrial injury on 6/18/08 moving a patient. She underwent microdiscectomy at L5/S1 on 10/22/08 and subsequent anterior lumbar interbody fusion at L5/S1 on 7/15/11. The patient did well and was able to return to modified work as of May 2012. The 3/29/13 lumbar spine CT scan showed the graft at L5/S1 to be incorporated. The left L5 pedicle screw extended approximately 8 mm outside the cortex and appeared to abut the bowel and/or vascular structures at this level. The right S1 pedicle screw abutted or potentially breached the cortex of the right S1/2 neural foramen but did not appear to affect the exiting nerve root. There was no evidence of hardware failure. The CT scan also showed a right foraminal disc protrusion at L4/5 with at least moderate narrowing of the L4/5 neural foramen and suggestion of right L4 exiting nerve root impingement and grade 1 anterolisthesis of L4 on L5. The 4/5/13 lower extremity EMG/NCV showed chronic L5 irritation on the right with no peripheral neuropathy. The 5/14/13 lumbar spine MRI revealed the L5/S1 graft was fused, no evidence of spondylolisthesis at L4/5, and diffuse disc bulge at L4/5 with foraminal protrusion causing moderate right neuroforaminal narrowing without nerve root compression. The patient presented on 7/8/13 with severe low back pain impeding her ability to work or function. A diagnostic hardware injection was planned. The patient underwent injection of the L5/S1 hardware with 12 hours of pain relief reported, after which time the pain returned. The 8/29/13 report stated that the hardware injection test was positive. The patient continued to complain of moderate pain and her right leg giving out. Objective exam findings documented bilateral lower extremity strength, sensation, and reflexes within normal limits. The treating physician recommended removal of the painful hardware lumbar spine. The 11/22/13 follow-up report indicated that the patient had back pain with complaints of bilateral leg cramping in the front of the left leg and back of the right leg. The

neurologic examination was normal. CT scan and MRI imaging were reviewed. Lumbar x-rays showed mild narrowing at L4/5 but there was no instability noted on the flexion/extension views. Given there was no significant nerve root compression and the patient had positive relief from the hardware block, removal of the hardware was requested. A utilization review determination dated 11/27/13 recommended approval of the hardware removal using a posterior approach, 6 visits of post-operative physical therapy, and standard pre-op H&P, EKG, chest x-ray, and routine lab testing.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **REMOVAL OF PAINFUL HARDWARE- LUMBAR SPINE POSTERIOR APPROACH:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): (201): 977-80. Decision based on Non-MTUS Citation the ODG Hardware removal

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back, section on Hardware Implant Removal (Fixation)

**Decision rationale:** Under consideration is a request for removal of painful hardware, lumbar spine, posterior approach. 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. Guidelines indicate that implant removal in symptomatic patients is rated to be moderately effective. Guideline criteria have been met. This patient presented with persistent moderate pain and a positive hardware injection test. The utilization review appeals documented that other sources of pain were thoroughly investigated and ruled-out. The CT scan revealed the left L5 pedicle screw extended approximately 8 mm outside the cortex and appeared to abut the bowel and/or vascular structures at this level. The right S1 pedicle screw abutted or potentially breached the cortex of the right S1/2 neural foramen but did not appear to affect the exiting nerve root. Therefore, the request for removal of painful hardware, lumbar spine, using a posterior approach is medically necessary and appropriate.

#### **PRE-OP TESTING (UNSPECIFIED):** 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 Official Disability Guidelines Low Back, section on Preoperative testing, general.

**Decision rationale:** Evidence based medical guidelines support appropriate pre-operative evaluation for patients undergoing anesthesia for orthopedic procedures. There is no documentation of any significant co-morbidities that would support the medical necessity of any additional testing beyond the standard pre-operative evaluation recommended. Therefore, this request for unspecified pre-operative testing is not medically necessary and appropriate.

**POST OP PT (UNSPECIFIED):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** Under consideration is a request for post-operative physical therapy of an unspecified frequency/duration. The MTUS Postsurgical Treatment Guidelines do not provide physical therapy recommendations for post-operative treatment following hardware removal. In general, MTUS Guidelines support a six-visit clinical trial. The utilization review decision dated 11/27/13 certified this non-specific request with modification to 6 post-operative physical therapy visits. There is no compelling reason submitted to support the medical necessity of additional post-operative care beyond the initial 6 visits. Therefore, this request for unspecified post-operative physical therapy (PT) is not medically necessary and appropriate.