MAXIMUS Federal Services

Case Number:	CM13-0045966		
Date Assigned:	12/27/2013	Date of Injury:	04/08/2009
Decision Date:	05/22/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/13/2013

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 is a 38-year-old female who sustained an injury to her low back on 04/08/09. Following a course of conservative measures an L4 through S1 posterior lumbar interbody fusion took place on 06/15/12. Since the time of injury, the claimant is also status post a left shoulder procedure as well as a two level anterior cervical discectomy and fusion. At present, there are current clinical records inclusive of a 06/24/13 progress report indicating that there was painful retained hardware with examination demonstrating tenderness over the prior surgical site with dysesthesias to the lower extremities in an L4 through S1 dermatomal distribution. The recommendation at that time, based on plain film radiographs from 06/04/13 that showed solid fusion, was for hardware removal and exploration of the prior fusion procedure with possible grafting. There was no other documentation of postoperative imaging. There is no indication of specific conservative measures or indication of prior hardware injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-S1 REMOVAL OF LUMBAR SPINE HARDWARE WITH INSPECTION OF THE FUSION MASS, NEURAL EXPLORATION, POSSIBLE RE GRAFTING: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation ODG, Treatment in Worker's Comp, 18th Edition, 2013 Updates: low back procedure - Hardware implant removal (fixation).

Decision rationale: MTUS guidelines indicate that surgical intervention is appropriate when there is clear evidence of a lesion that would benefit from surgery and in the setting of a failed response to conservative care. When looking at Official Disability Guidelines hardware removal would not be indicated except in situations involving broken hardware and persistent pain after ruling out other causes of pain such as infection and nonunion. Records in this case only indicate plain film radiographs that give no indication of hardware failure. There is no indication of injection to the hardware to support the presence of pain related to the hardware. Based on all of these things the evidence based guidelines have not been satisfied and as such the medical necessity for the requested surgical procedure has not been established.

2 DAYS INPATIENT STAY: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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