

Case Number:	CM13-0046191		
Date Assigned:	12/27/2013	Date of Injury:	03/01/2006
Decision Date:	04/18/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	11/12/2013

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 New York. 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:

The patient is a 40-year-old with the date of injury March 1, 2006. The mechanism is a fall from a missed step getting off a bus and resulting in acute onset of low back pain. Patient had conservative measures but continued to have pain. The patient underwent a lumbar fusion on October 25, 2012 at L4-5. The patient had a secondary surgery due to infection in November 2012. The patient continues to have low back pain with intermittent radiating leg pain. Physical examination reveals painful range of motion. There is also tenderness to palpation of the back. There is tenderness to palpation of the patient's lumbar instrumentation. The patient also has positive trigger points around the lumbar spine. Trigger point injections were performed. The patient complains of chronic low back pain and there is a concern for painful hardware with potential failure fusion. The patient was treated with a bone growth stimulator and has imaging xrays that show a slight lucency at the endplate of L4. There is no documentation of a postop cat scan. Electrodiagnostic studies from September 2013 show moderate bilateral L5 and S1 radicular process. The medical records do not contain any reports of a postoperative CAT scan to demonstrate failure of fusion. At issue is whether the patient should have surgical hardware removal and exploration of fusion with a one day inpatient stay.

IMR ISSUES, DECISIONS AND RATIONALES

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

REMOVAL OF LUMBAR HARDWARE AND EXPLORATION OF FUSION: 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 Chapter, Hardware Implant removal Section, as well as the Fusion (Spinal) Section.

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 Chapter, Hardware Implant removal Section, as well as the Fusion (Spinal) Section.

Decision rationale: This patient does not meet established criteria for lumbar hardware removal and exploration of fusion. Specifically, there is no documented failure of fusion. The medical records do not contain documentation of a postoperative CAT scan that indicates failure fusion. The standard of care for postoperative testing for pseudoarthrosis and failure fusion is a postoperative CAT scan with fine cuts through the fusion mass. In this case, there is no such evidence of a postoperative CAT scan indicating failure fusion. In addition, the medical records do not indicate any clear-cut instability or breakage of hardware. The diagnosis of painful hardware has not been established. There is no documentation of a hardware block, or significant change in the patient's imaging study postoperatively with respect the implant position. There is no documentation broken implants. The request for the removal of lumbar hardware and an exploration of fusion is not medically necessary or appropriate.

A ONE DAY INPATIENT HOSPITAL 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 or appropriate.