

Case Number:	CM13-0046927		
Date Assigned:	01/03/2014	Date of Injury:	08/21/2002
Decision Date:	05/16/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	11/04/2013

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 53-year-old male with a date of injury of August 21, 2002. The patient has chronic low back pain. The patient had L5-S1 fusion surgery. The date of the fusion surgery is not described in the medical records but it has to be prior to March 6, 2013 when the first note is available. At that time, the note indicates that exploration of fusion mass and hardware removal was medically necessary. The reason cited was because of ongoing pain. The nature of the pain was not delineated. Physical examination showed tenderness of the lumbar spinal musculature. The examining physician thought that the hardware was symptomatic. Straight leg raise was positive. Range of motion was diminished. Motor strength in the bilateral lower extremities is normal. The patient continues to have low back pain. At issue is whether aspiration fusion and hardware removal is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

FIVE (5) HARDWARE REMOVAL L5-S1: 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 (ODG), Low Back Chapter

Decision rationale: ODG indicated that implant fixation removal of the lumbar spine is not recommended except in cases of broken hardware or persistent pain after ruling out other causes of pain such as infection or nonunion. In addition, diagnostic injection of the hardware site should be performed to determine whether or not the hardware is painful. In this case, there is no documentation that nonunion has been ruled out. There is no fine cut CT imaging studies showing evidence of failed fusion. There are no imaging studies showing failed fusion. There is no documentation that the hardware is loose or broken. The diagnosis of painful lumbar hardware and failure fusion has not been established. Criteria for exploration fusion removal of hardware are not met.

EXPLORATION OF FUSION MASS WITH POSSIBLE AUGMENTATION AND ALLOGRAFT: 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.

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 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.

FOUR (4) TO FIVE (5) 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.