

<b>Case Number:</b>	CM13-0049865		
<b>Date Assigned:</b>	01/22/2014	<b>Date of Injury:</b>	07/10/1995
<b>Decision Date:</b>	05/20/2014	<b>UR Denial Date:</b>	10/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/08/2013

### 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 Pennsylvania. 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 60-year-old gentleman who sustained an injury to his low back on 07/10/1995. Clinical records for review indicate that following a course of conservative care the claimant underwent a 02/2011 L5-S1 decompression and fusion. The records include a 10/21/13 assessment by [REDACTED] who indicates that lumbar radiographs demonstrate postoperative changes for which fusion and hardware appears "solid." There was evidence of moderate degenerative disc disease at the L3-4 level. Clinical follow-up assessment of 10/21/13 documented ongoing complaints of low back pain with radiating pain to the left hip and buttock. Physical examination findings showed restricted lumbar range of motion with tenderness to palpation of the paraspinous muscle and tenderness over the S1 level in the area of prior hardware. Lower extremities were noted to be with equal and symmetrical reflexes, and 5/5 dermatomal strength with no sensory deficit. There was no documentation of neurologic findings. The claimant was diagnosed with severe degenerative disc disease status post fusion with retained hardware.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **EXPLORATION OF THE LUMBAR FUSION WITH REMOVAL OF THE RETAINED PEDICLE SCREW HARDWARE:** 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)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Hardware Removal Section

**Decision rationale:** The MTUS guidelines do not specifically address hardware removal however it does indicate that surgical consultation is reserved for cases in which there is clear evidence of a lesion that is proven to benefit from surgery. When looking at Official Disability Guidelines hardware removal and exploration of fusion the guidelines do not recommend hardware removal with the exception of persistent pain after ruling out other causes and or if there is documented hardware failure. The claimant's clinical imaging of 2013 shows a solid fusion with no indication of osseous change or hardware failure and absent these things the requested surgical intervention would not be supported as medically necessary in this individual whose fusion appears well healed. The request is neither medically necessary nor appropriate.

**SURGERY ASSISTANT:** 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.

**INPATIENT STAY 3 DAYS:** 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.

**POST OP PHYSICAL THERAPY FOR THE LOWER BACK 2 TIMES 6:** 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.