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| Case Number: | CM13-0051217 | | |
| Date Assigned: | 12/27/2013 | Date of Injury: | 09/11/2008 |
| Decision Date: | 02/27/2014 | UR Denial Date: | 09/30/2013 |
| Priority: | Standard | Application Received: | 10/14/2013 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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 claimant is a 32-year-old gentleman who was injured on 09/11/08 sustaining an injury to the low back. It is indicated that the claimant is status post a L4 through S1 arthrodesis. Available for review is a prior MRI when reviewed with previous imaging including a 04/20/13 MRI scan that showed no interval change with mild foraminal stenosis and the arthrodesis noted to be "otherwise stable." It was stated that the claimant's pain "could be a result of a retained hardware." The recent course of care included a 09/18/13 assessment where the claimant was noted to be with continued low back pain with radiating pain to the hips and bilateral legs and continuing to complain of left greater than right pain. Based on the failed conservative care, hardware removal and exploration of fusion was recommended. The surgical procedure was noted to have taken place in this case already on 10/18/13 where it was noted that he underwent exploration of fusion with removal of retained pedicle screws from L4 through the sacrum.

IMR ISSUES, DECISIONS AND RATIONALES

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

Exploration/inspection of fusion mass L4-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC ODG Treatment Integrated Treatment/Disability Duration Guidelines Low Back-Lumbar & Thoracic (Acute & Chronic) Hardware implant removal.

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 procedure, Hardware implant removal (fixation).

Decision rationale: In looking at Official Disability Guideline criteria, exploration of fusion and removal of hardware would not have been indicated. The clinical records fail to demonstrate the claimant's hardware is a source of his clinical complaints. The imaging for review demonstrated a solid fusion with no indication of hardware malfunction. The claimant's preoperative assessment prior to the 10/18/13 procedure in this case would have failed to necessitate the role of surgery as performed.