

Case Number:	CM13-0055538		
Date Assigned:	12/30/2013	Date of Injury:	10/19/2003
Decision Date:	03/28/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/21/2013

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 patient is a 63 year old male injured on 10/19/2003. Prior treatment included medications and use of a cane for mobility. On 12/14/2004 the patient underwent: total laminectomy at L5; bilateral partial laminectomy at S1; bilateral decompression at L5; bilateral discectomy at L5-S1; posterior lumbar interbody fusion at L5-S1 bilaterally and posterolateral fusion at L5-S1 with pedicle screw fixation. Diagnostic studies revealed on 09/13/2013 an MRI lumbar spine with solid arthrodesis at L5-S1. There was no sign of stenosis. A lumbar MRI dated 06/11/2009 revealed postoperative changes with bilateral pedicular screws at L5 and S1, laminectomy defects at these levels and postoperative changes within the L5-S1 disc space. Clinic note dated 10/21/2013. Patient complained of pain in his back that radiated to his lower extremities. Physical exam revealed he was able to flex to 40 degrees and extend to 20 degrees. Motion caused pain. Straight leg raise maneuver was negative. Patient had significantly lost weight and mentioned that sitting on hard surfaces added to the discomfort which may have affected the screws in the patient's back. Opinion: Patient opted against surgery. If patient decides to proceed, I will see the patient back in the office. Diagnoses: Painful hardware following L5-S1 decompression and fusion with possible pseudoarthrosis and possible junctional syndrome at the L4-5 level.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal surgery, lumbar removal of the hardware fusion inspection, possible graft enhancement and/or re-fusion or revision: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chapter: Low Back - Lumbar & Thoracic (Acute & Chronic), Hardware implant removal (fixation)

Decision rationale: The MTUS guidelines do not specifically address the requested treatment and hence ODG have been consulted. According to the ODG, "Not recommend the routine removal of hardware implanted for fixation, except in the case of broken hardware or persistent pain, after ruling out other causes of pain such as infection and nonunion." This employee was diagnosed with painful hardware following L5-S1 decompression and fusion with possible pseudoarthrosis and possible junctional syndrome at L4-5 level. MRI scan from 09/13/2013 revealed unchanged appearance of the lumbar spine since previous study on 06/2011. The available information has no clear evidence of imaging documented pseudoarthrosis or nonunion, or hardware failure. Thus, the request for spinal surgery lumbar removal of the hardware fusion inspection, possible graft enhancement and/or re-fusion or revision is non-certified.

2-day 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.

Post-op nurse in-home assessment: 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 2 times per week for 4 weeks: 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.