

<b>Case Number:</b>	CM13-0058640		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	10/21/2010
<b>Decision Date:</b>	04/02/2014	<b>UR Denial Date:</b>	11/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/27/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 41 year old male with date of injury 10/21/10. The treating physician report dated 11/7/13 indicates that the patient underwent L4-S1 global fusion on 1/24/13. The current diagnoses are: 1.Back and bilateral lower extremity radiculopathic pain, status L4-S1 fusion. 2.Left shoulder dislocation secondary to fall due to back problems. The utilization review report dated 11/22/13 states that the request for Hardware removal, fusion/decompression inspection and possible revisions L4-S1 with 2 day inpatient stay was not authorized. The rationale for denial was based on ODG guidelines and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hardware removal, fusion/decompression inspection, possible revisions L4-S1 2 day inpatient stay:** 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:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**Decision rationale:** The patient presents 10 months post surgical global fusion L4-S1 with continued lumbar pain and right leg pain, worse than left. Examination findings on 11/7/13 reveal lumbar flexion 50 degrees, decreased sensation right L5 dermatome, x-ray shows excellent placement of pedical screw instrumentation, no sign of solid bony arthrodesis at L4/5 or L5/S1. The recommendation is for "L4-S1 removal of hardware and fusion inspection with possible fusion revision, L4 to S1 bilateral exploration and possible revision decompression." The report also states that his MRI is completely non-focal and EMG/NCV testing of his lower extremities is normal. The IMR form reviewed states "Hardware removal, fusion/decompression inspection, possible Revision." The MTUS guidelines do not address this request. The ODG guidelines state that hardware removal is not recommend for 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." In this case the treating physician states in his 12/5/13 appeal report that "the patient is undergoing surgery to evaluate the fusion mass as well as the neurological elements." There is no documentation of a post-surgical CT scan and no trial of bone stimulation therapy to induce fusion. No diagnostic injection of the hardware has been tried to determine whether or not the hardware is causing some of the symptoms. There are no examination findings or EMG studies that show neurologic problems to warrant another surgery. There has been lack of clear evidence that pseudarthrosis is what is causing persistent pain, particularly when the hardware is in place. Recommendation is for denial.