

<b>Case Number:</b>	CM13-0059647		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	01/25/2001
<b>Decision Date:</b>	04/10/2014	<b>UR Denial Date:</b>	11/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2013

### 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, has a subspecialty in Spine 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 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 69-year-old male who reported an injury on 01/25/2001 due to a fall that reportedly caused injury to the patient's low back. The patient's treatment history included multiple spinal surgeries, the most recent being a spinal fusion at the L4-S1 with a new fusion at the L2-3. The patient's most recent clinical documentation noted that the patient had undergone a CT scan of the lumbar spine that showed hardware at the L2-3 and L4-5 and L5-S1 with intact fusions at those levels. Physical findings including tenderness throughout the paralumbar muscles and positive straight leg raise tests bilaterally with normal motor strength and no sensory deficits were noted. The patient's diagnoses included an L3-4 spinal stenosis and degenerative apex right scoliosis with iatrogenic flat back secondary to multilevel fusion; residual hardware at the L2-3, L4-5 and L5-S1 and fusion at the L2-3, L4-5 and L5-S1. The patient's treatment recommendations included the removal of hardware, participation in a home exercise program and the continuation of medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **REMOVAL OF HARDWARE FROM L2-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, Hardware implant removal (fixation)

**Decision rationale:** The Official Disability Guidelines do not recommend the removal of hardware for patients unless there is evidence of persistent pain after ruling out other pain generators, such as infection and nonunion. The clinical documentation submitted for review does provide evidence that the patient has a fully-fused union at the L2-3, L4-5 and L5-S1 levels. However, the clinical documentation does not clearly identify whether other pain generators, such as infection, have been ruled out. Additionally, the clinical documentation submitted for review does not provide any evidence that the patient's pain significantly impairs his ability to participate in activities of daily living. Therefore, the need for surgical intervention is not supported at this time. As such, the requested removal of hardware at L2-3, L4-5 and L5-S1 is not medically necessary or appropriate.