

<b>Case Number:</b>	CM13-0060179		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	11/24/1999
<b>Decision Date:</b>	05/20/2014	<b>UR Denial Date:</b>	11/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/03/2013

### 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 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 claimant is a 63-year-old female injured in a work related accident on November 24, 1999. Records document a significant lumbar history that included anterior and posterior spinal fusions with hardware from T9 through L1; the fusions were performed in 2012. Postoperative clinical records include a CT scan of the thoracic spine, performed on October 19, 2013, which showed the prior fusion with multilevel degenerative disc disease and bone spurring. There was no indication of malunion or hardware failure. There is documentation of plain film radiographs from July 13, 2013, showing the prior hardware from T1 through S1 with a right-sided pelvic bolt in place. There was no documentation regarding an injury or surgery in reference to the right-sided pelvic bolt. A clinical progress report dated October 30, 2013, noted subjective complaints of pain across the pelvis at the iliac crest, along with trouble getting in and out of bed. Physical examination demonstrated no motor, sensory or reflexive changes to the lower extremities and a slightly antalgic gait. There was tenderness to palpation over the iliac bolt. Based on continued complaints of pain, surgical removal was recommended for further intervention. There was no indication of additional imaging, specific treatment or documentation of conservative care provided for the claimant's symptoms. This request is for removal of right intrapelvic hardware, a one-day inpatient hospital stay, an assistant surgeon and preoperative clearance to include CXR, EKG and UA.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**REMOVAL OF RIGHT INTRAPELVIC 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 LOW BACK

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305. Decision based on Non-MTUS Citation ODG, Hip & Pelvis Chapter

**Decision rationale:** According to California ACOEM Guidelines related to referral for surgical consultations and supported by Official Disability Guidelines, the request for removal of right intrapelvic hardware cannot be recommended as medically necessary. The records do not document loosening or malfunctioning of the claimant's hardware, nor do they indicate the presence of broken hardware or persistent pain after ruling out other causes of claimant's current discomfort. There is also no documentation of a diagnostic injection to the hardware region to evaluate the location of pain given the hardware's placement. Therefore, the claimant's current clinical presentation does not support the request for removal of right intra pelvic hardware as being medically necessary.

**1 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), Low Back

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305. Decision based on Non-MTUS Citation ODG, Hip & Pelvis Chapter

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**ASSISTANT SURGEON:** 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), Low Back

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305. Decision based on Non-MTUS Citation ODG, Hip & Pelvis Chapter

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**PRE-OP CLEARANCE WITH CXR, EKG, AND UA:** 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), Low Back

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305. Decision based on Non-MTUS Citation ODG, Hip & Pelvis Chapter

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.