

Case Number:	CM13-0061636		
Date Assigned:	12/30/2013	Date of Injury:	02/22/2011
Decision Date:	04/18/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	12/05/2013

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:

This 55-year-old claimant has a date of injury of February 22, 2011. The claimant is status post L4-5 fusion performed in May 2011. There has been concern over pain. A diagnostic hardware block was performed which provided relief of symptoms. The L4-5 re-exploration and hardware removal with a one-day inpatient stay, assistant surgeon and intra-operative monitoring was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

SURGICAL PROCEDURE FOR L4-5 RE-EXPLORATION AND HARDWARE

REMOVAL: 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 Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Treatment in Worker's comp, 18th Edition; 2013 Updates: Chapter low back: hardware Implant removal.

Decision rationale: The CA MTUS and ACOEM Guidelines do not address this issue. If one looks to the Official Disability Guidelines, hardware removal is not recommended except in

cases of broken hardware and persistent pain after ruling out other causes of pain such as infection and nonunion. The records provided do not reliably establish that the fusion mass is well healed and that a nonunion is not present. The PR2 note dated September 3, 2013 documents the claimant does not wish to proceed with hardware removal at all. As there is no convincing documentation, that a nonunion is not present and the claimant does not appear to want to undergo the surgery to remove the hardware, hardware removal surgery cannot be certified in this case based on the Official Disability Guidelines. Therefore, a one-day inpatient stay, assistant surgeon and intraoperative neuromonitoring cannot be certified.

ONE-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), Hospital Length of Stay.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Milliman Care Guidelines; 18th edition; Inpatient and surgical length of stay.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services is 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 AAOS Position Statement Reimbursement of the First Assistant at Surgery in Orthopedics.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Milliman care Guidelines: 18th Edition: Assistant Surgeon.

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

INTRAOPERATIVE NEUROMONITORING: 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): Intraoperative Neurophysiological (Monitoring during surgery).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): treatment in Worker's Comp: 18th Edition; 2013 Updates: Chapter Low Back: Intraoperative Neurophysiological (Monitoring during surgery).

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