

<b>Case Number:</b>	CM13-0065504		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	07/01/2010
<b>Decision Date:</b>	05/16/2014	<b>UR Denial Date:</b>	12/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/13/2013

### 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 Texas and 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 injured worker is a 61-year-old female who reported an injury on 07/01/2010. The mechanism of injury was not provided for review. The injured worker ultimately underwent L4-5 lumbar fusion. The injured worker was evaluated on 10/28/2013. Physical exam findings of the lumbar spine included a well-healed midline scar with tenderness to palpation of the lumbar paravertebral musculature on the right side with spasm and residual dysesthesia of the right leg. It was also documented that there was palpable tenderness over the hardware with deep and superficial palpation. X-ray of the lumbar spine documented osteolysis around the screws; however, there was a solid fusion in place. The injured worker's diagnoses included cervical discopathy, right shoulder rotator cuff and labral tear, electrodiagnostic findings of bilateral carpal tunnel syndrome, status post L4-5 posterior lumbar interbody fusion, and retained symptomatic lumbar spinal hardware. The injured worker's treatment recommendation included L4-5 removal of lumbar spinal hardware with inspection of fusion mass and possible regrafting of pedicle screw holes with nerve root exploration due to suspected hardware-related persistent pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**L4-L5 REMOVAL OF LUMBAR SPINAL HARDWARE WITH INSPECTION OF THE FUSION MASS, NEURAL EXPLORATION, POSSIBLE REGRAFTING:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC Low Back Procedure Summary, updated 10/9/2013.

**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 Removal.

**Decision rationale:** The requested L4-5 removal of lumbar spinal hardware with inspection of the fusion mass, neural exploration, and possible regrafting is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not address hardware removal. Official Disability Guidelines do not recommend the routine removal of hardware unless there is documentation of persistent pain and all other pain generators have been ruled out. The clinical documentation does indicate the injured worker has a fused vertebral body of L4-5. However, there is no documentation that other pain generators such as infection have been ruled out. Although the treating physician does indicate that he suspects the injured worker's pain is generated by the hardware, there have been no diagnostic studies or evaluations to support this conclusion. As such, the requested L4-5 removal of lumbar spinal hardware with inspection of the fusion mass and neural exploration with possible regrafting is not medically necessary or appropriate.

**TWO-DAY INPATIENT STAY:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Milman Care Guidelines, Assistant Surgeon Guidelines and American Association of Orthopaedic Surgeons, Role of the First Assistant.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

**SURGERY ASSISTANT:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Milman Care Guidelines, Assistant Surgeon Guidelines and American Association of Orthopaedic Surgeons, Role of the First Assistant.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

**MEDICAL CLEARANCE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC, updated 5/10/2013.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.