

Case Number:	CM13-0066653		
Date Assigned:	01/03/2014	Date of Injury:	12/05/2007
Decision Date:	04/25/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/16/2013

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 patient is a 59-year-old female injured in a work-related accident on December 5, 2007. The records provided for review pertaining to the low back, document a history of prior lumbar fusion from the L4 through S1 level. The clinical assessment dated October 23, 2013 showed evidence of continued complaints of pain, particularly in a radicular fashion to the lower extremities with residual low back and axial pain. Physical examination showed tenderness to palpation with "transient extension of symptoms in the L4-5 and L5-S1 root and dermatome." Radiographs on that date revealed bone grafting to be noted and hardware at the L4 through S1 level. No additional imaging was available. The diagnosis was documented as symptomatic lumbar hardware. The recommendation was made for a hardware removal with a revision fusion procedure at the L4 through S1 level. The assessment also noted that the claimant underwent a local injection of Marcaine to the hardware on October 23, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-S1 REMOVAL OF LUMBAR SPINAL HARDWARE W/INSPECTION OF THE FUSION MASS, POSSIBLE SCREW HOLE REGRAFTING WITH NERVE ROOT EXPLORATION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Procedure, Hardware Implant removal (fixation)

Decision rationale: Based on the California ACOEM Guidelines and supported by the Official Disability Guidelines, the request for hardware removal, with a revision fusion procedure at the L4 through S1 level would not be indicated. At present, there is no documentation of pseudarthrosis or malunion at the L4 through S1 level that would necessitate the role of further fusion procedure. While the claimant has continued complaints of pain, the lack of documentation of failure of the hardware or failure of the prior fusion site would fail to support the surgical request.

SURGERY ASSISTANT: 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 Milliman Care Guidelines, 17th edition: assistant surgeon: Assistant Surgeon Guidelines

Decision rationale: The request for hardware removal with a revision fusion procedure at the L4 through S1 level would not be indicated. Therefore, the request for an assistant surgeon would not be indicated.

MEDICAL CLEARANCE: 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 Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7) page 127

Decision rationale: The request for hardware removal with a revision fusion procedure at the L4 through S1 level would not be indicated. Therefore, the request for medical clearance assessment would not be necessary.

TWO-DAY INPATIENT STAY: 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 procedure, Fusion (spinal)

Decision rationale: The request for hardware removal with a revision fusion procedure at the L4 through S1 level would not be indicated. Therefore, the request for a two day inpatient length of stay would not be indicated.