

Case Number:	CM13-0066708		
Date Assigned:	01/03/2014	Date of Injury:	03/15/2004
Decision Date:	05/19/2014	UR Denial Date:	12/06/2013
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, 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:

According to the records made available for review, this is a 57-year-old male with a 3/15/04 date of injury and status post L3-4 XLIF and posterior spinal fusion on 7/19/11 with persistent hardware and L4-L5 anterior-posterior fusion with subsequent hardware removal. At the time (11/25/13) of request for authorization for removal of lumbar L3/4 pedicle screws, there is documentation of subjective (chronic low back pain with left lower extremity radiculopathy) and objective (low back pain with lumbar range of motion, decreased strength in the left lower extremity, and decreased sensation of the left foot, ankle and leg) findings, current diagnoses (status post L3-4 XLIF and posterior spinal fusion on 7/19/11 with persistent hardware and L4-L5 anterior-posterior fusion with subsequent hardware removal, chronic left lumbar Final Determination Letter for IMR Case Number CM13-0066708 3 radiculopathy, and chronic low back pain), and treatment to date (L3-4 XLIF and posterior spinal fusion on 7/19/11 with persistent hardware and L4-L5 anterior-posterior fusion with subsequent hardware removal). There is no documentation of broken hardware or persistent pain, after ruling out other causes of pain such as infection and nonunion.

IMR ISSUES, DECISIONS AND RATIONALES

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

REMOVAL OF LUMBAR L3/4 PEDICLE SCREWS: 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, Hardware Implant Removal (Fixation)

Decision rationale: MTUS does not address this issue. ODG identifies documentation of broken hardware or persistent pain, after ruling out other causes of pain such as infection and nonunion, as criteria necessary to support the medical necessity of hardware implant removal. Within the medical information available for review, there is documentation of diagnoses of status post L3-4 XLIF and posterior spinal fusion on 7/19/11 with persistent hardware and L4-L5 anterior-posterior fusion with subsequent hardware removal, chronic left lumbar radiculopathy, and chronic low back pain. However, despite documentation of subjective (chronic low back pain with left lower extremity radiculopathy) and objective (low back pain with lumbar range of motion, decreased strength in the left lower extremity, and decreased sensation of the left foot, ankle and leg) findings, there is no documentation of broken hardware or persistent pain (over L3/4 lumbar level), after ruling out other causes of pain such as infection and nonunion. Therefore, based on guidelines and a review of the evidence, the request for removal of lumbar L3/4 pedicle screws is not medically necessary.