

Case Number:	CM13-0068778		
Date Assigned:	01/03/2014	Date of Injury:	07/16/2010
Decision Date:	06/02/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	12/19/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 51-year-old female with date of injury of 07/16/2010. The listed diagnoses per [REDACTED] dated 07/16/2012 are: 1. Lumbar spondylolisthesis, 2. Lumbar instability, 3. Adjacent segment disease, 4. Prior instrumented fusion from L4-S1, 5. Lumbar spondylosis, 6. Lumbar radiculopathy with motor deficits, ilateral, 7. Lumbar facet arthropathy, 8. Lumbar kyphosis, 9. Failed medical conservative treatment, 10. Status/Post L2-S1 posterior spinal fusion from 07/16/2012. The AME report dated 10/01/2013 documents that the patient has increasing pain in the last 3 months. Her pain is quite steady even with pain medication, but she still has constant pain at about 5 to 6 level. Without medications, her pain could go up to 9 or 10. [REDACTED] had informed her that based on the CAT scan, she seems to be allergic or reacting to the hardware. She will need another surgery to remove the hardware. The utilization review denied the request on 11/14/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

L2-S1 REMOVE & EXPLORE L2-S1 PSF, ASSISTANT SURGEON, 2 DAY INPATIENT STAY: 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hardware Implant Removal (Fixation).

Decision rationale: This patient presents with chronic back pain. This patient is status post spinal fusion from 2012. Review of records showed that the patient had a previous L2-S1 exploration and fusion and posterior spinal fusion with instrumentation including a 2-day inpatient stay that was certified on 09/11/2012. The CT scan of the lumbar spine dated 08/08/2013 documents post-surgical changes from fusion with hardware placement visualized from the L2 to S1 levels. In addition, there is no evidence for loosening or infection involving the hardware. There is mild spinal stenosis and possible impingement of the S1 nerve roots at L5-S1. The MTUS and ACOEM Guidelines are silent with regards to this request; however, ODG on hardware implant removal (fixation) states "not recommend the routine removal of hardware implanted for fixation, except in the case of broken hardware or persistent pain, after ruling out other causes of pain such as infection and nonunion. Not recommended solely to protect against allergy, carcinogenesis, or metal detection. Although hardware removal is commonly done, it should not be considered a routine procedure." In this case, the CT scan of the lumbar spine does not show any significant changes following spinal fusion. In addition, there was no evidence of infection or loosening of the involving hardware. ODG also does not recommend routine removal hardware to protect against allergy, carcinogenesis or metal detection. Given the lack of hardware loosening, infection or other problems, the request is not medically necessary.

DME-LUMBAR BRACE, 1 BOX ISLAND BANDAGE, 4X10: 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 2ND EDITION, (2004), LUMBAR BRACING, TABLE 12-8, 301, 308.

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

POST-OP PHYSICAL THERAPY, 3X 6: 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES.

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