

Case Number:	CM13-0069176		
Date Assigned:	01/03/2014	Date of Injury:	07/29/2008
Decision Date:	04/15/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/20/2013

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 Fellowship trained 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:

The patient is a 72-year-old female who reported an injury on 07/29/2000. The mechanism of injury was not specifically stated. The patient is diagnosed with L5-S1 decompression and fusion, and symptomatic hardware. The patient was recently seen by [REDACTED] on 12/11/2013. The patient reported mechanical back and leg pain. The patient has undergone L5-S1 decompression and fusion. Physical examination was not provided on that date. Treatment recommendations included removal of hardware with exploration of fusion mass.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hardware removal L5-S1: 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)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Hardware Implant Removal

Decision rationale: Disability Guidelines state hardware implantation removal is not recommended, except in the case of broken hardware or persistent pain, after ruling out other causes of pain, such as infection and nonunion. As per the documentation submitted, there were

no plain films or imaging studies provided for review. Therefore, there is no indication of broken hardware. The patient does report persistent pain. However, there is no evidence that other causes of pain, such as infection and nonunion, have been ruled out. The patient's physical examination was not provided on the requesting date of 12/11/2013. There is no documentation of an exhaustion of conservative treatment. Based on the clinical information received, the patient does not meet criteria for the requested procedure. As such, the request is noncertified.

Explore fusion mass: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation is indicated for patients who have severe and disabling symptoms, activity limitation for more than 1 month, clear clinical, imaging and electrophysiologic evidence of a lesion, and a failure of conservative treatment. Official Disability Guidelines state hardware implantation removal is not recommended, except in the case of broken hardware or persistent pain, after ruling out other causes of pain, such as infection and nonunion. As per the documentation submitted, there were no plain films or imaging studies provided for review. Therefore, there is no indication of broken hardware. The patient does report persistent pain. However, there is no evidence that other causes of pain, such as infection and nonunion, have been ruled out. The patient's physical examination was not provided on the requesting date of 12/11/2013. There is no documentation of an exhaustion of conservative treatment. Based on the clinical information received, the patient does not meet criteria for the requested procedure. As such, the request is noncertified.

Bone graft: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation is indicated for patients who have severe and disabling symptoms, activity limitation for more than 1 month, clear clinical, imaging and electrophysiologic evidence of a lesion, and a failure of conservative treatment. Official Disability Guidelines state hardware implantation removal is not recommended, except in the case of broken hardware or persistent pain, after ruling out other causes of pain such as infection and nonunion. As per the documentation submitted, there were no plain films or imaging studies provided for review. Therefore, there is no indication of broken hardware. The patient does report persistent pain. However, there is no evidence that other causes of pain, such as infection and nonunion, have been ruled out. The patient's physical examination was not provided on the requesting date of 12/11/2013. There is no documentation of an exhaustion of conservative treatment. Based on the

clinical information received, the patient does not meet criteria for the requested procedure. As such, the request is noncertified.

Hospital stay (x3-4 days): 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)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306.

Decision rationale: As the patient's surgical procedure has not been authorized, the current request is also not medically necessary. Therefore, the request is noncertified.

Assistant surgeon: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306.

Decision rationale: As the patient's surgical procedure has not been authorized, the current request is also not medically necessary. Therefore, the request is noncertified.

Front wheel walker: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306.

Decision rationale: As the patient's surgical procedure has not been authorized, the current request is also not medically necessary. Therefore, the request is noncertified.

Lumbar back brace (TLSO): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306.

Decision rationale: As the patient's surgical procedure has not been authorized, the current request is also not medically necessary. Therefore, the request is noncertified.

Raised toilet seat: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306.

Decision rationale: As the patient's surgical procedure has not been authorized, the current request is also not medically necessary. Therefore, the request is noncertified.

Cold therapy unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306.

Decision rationale: As the patient's surgical procedure has not been authorized, the current request is also not medically necessary. Therefore, the request is noncertified.

Urine Drug Screening: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 77, and 89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Urine Drug Testing

Decision rationale: The California MTUS Guidelines state drug testing is recommended as an option, using a urine drug screen to assess for the use or presence of illegal drugs. Official Disability Guidelines state frequency of urine drug testing is based on documented evidence of risk stratification. As per the documentation submitted, the patient's injury was greater than 13 years ago to date, and there is no evidence of noncompliance or misuse of medication. There is also no indication that this patient falls under a high-risk category that would require frequent monitoring. Based on the clinical information received, the request is noncertified.