

<b>Case Number:</b>	CM14-0001638		
<b>Date Assigned:</b>	01/29/2014	<b>Date of Injury:</b>	07/24/2010
<b>Decision Date:</b>	06/19/2014	<b>UR Denial Date:</b>	12/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/06/2014

### 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, Montana and Tennessee. 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 36-year-old male who reported an injury on 07/24/2010 due to repetitive lifting of heavy boxes. The injured worker's treatment history included physical therapy, medications, psychological support, and L4-5 and L5-S1 lumbar fusion. The injured worker's surgery was followed by postoperative aquatic therapy and physical therapy. The injured worker was evaluated on 12/02/2013. Physical findings included decreased motor strength of the bilateral ankles, bilateral great toes, and bilateral feet rated at a 3/5 with decreased sensation in the right 3rd, 4th, and 5th toes. The injured worker had restricted range of motion secondary to pain. The injured worker's diagnoses included a lumbosacral sprain/strain, status post L5-S1 interbody fusion, recalcitrant pain, and status post surgical intervention. The injured worker's treatment plan included continued medications to assist with pain control and an imaging study to determine the injured worker's fusion status. A request was made for hardware removal at the L5-S1 level; however, no justification for the request was provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **HARDWARE REMOVAL AT 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) Low Back Chapter, Hardware implant removal

**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 implant removal (fixation)

**Decision rationale:** The requested hardware removal at L5-S1 is not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the injured worker has persistent pain consistent with the implanted hardware at the L5-S1 fusion. However, Official Disability Guidelines recommend hardware removal when all other pain generators have been ruled out. The clinical documentation does not provide any evidence that nonfusion or infection have been ruled out as pain generators. Additionally, there is no documentation that the injured worker has undergone a diagnostic hardware block that would confirm the injured worker's implanted hardware as a pain generator. Additionally, the clinical documentation submitted for review did not provide justification for the requested surgical intervention. As such, the requested hardware removal the L5-S1 level is not medically necessary or appropriate.

**PRE-OP CLEARANCE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

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

**TWO (2) DAY INPATIENT HOSPITAL STAY:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

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