

Case Number:	CM14-0003968		
Date Assigned:	01/31/2014	Date of Injury:	03/28/2003
Decision Date:	06/20/2014	UR Denial Date:	12/30/2013
Priority:	Standard	Application Received:	01/09/2014

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 and is licensed to practice in New York. 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 62-year-old male with chronic back pain. He had lumbar fusion in May 2012. He continues to complain of back pain. He feels that he has a poking sensation with metal poking out of his lower back. He feels he can feel the instrumentation and bothers him when he sits. On physical examination there is prominence of instrumentation and lumbar region. He has normal strength. Neurologic examination is normal. X-rays of the lumbar spine show well-placed instrumentation. At issue is whether exploration of the fusion and removal of hardware is medically necessary. The medical records do not indicate that the patient has had a hardware injection study to demonstrate whether or not the hardware is painful. There is also no evidence of CAT scan imaging demonstrating failure lumbar fusion or hardware breakage or loosening.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY ONCE PER WEEK FOR SIX WEEKS, TOTAL OF 18 VISITS POST-OPERATIVELY: 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 medically necessary, none of the associated services are medically necessary.

1 BOX ISLAND BANDAGE 4X10: 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 medically necessary, none of the associated items/services are medically necessary.

PURCHASE OF EXTERNAL BONE GROWTH STIMULATOR: 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 medically necessary, none of the associated items/services are medically necessary.

LUMBAR BACK BRACE: 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 medically necessary, none of the associated items/services are medically necessary.

L4-S1 REMOVE AND EXPLORE L4-S1 PSF PLUS SURGICAL ASSISTANT AND TWO DAY INPATIENT LOS: 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.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307-322.

Decision rationale: The patient does not meet criteria for revision lumbar surgery. The medical records do not document failure fusion. The medical records do not document hardware breakage of hardware loosening. There is no evidence of fine cut CT demonstrating failure fusion. The

patient also has not had hardware injection test demonstrated hardware is painful. Established criteria for revision lumbar surgery not met. Not enough evidence exists in the medical records that the hardware is symptomatic and is the pain generator. Most recent X-rays in the medical records document well-placed hardware. Injection study has not been done to determine if the hardware is painful and if removal is medically necessary. Removal of hardware and exploration fusion is not medically necessary at this time.