

Case Number:	CM14-0004273		
Date Assigned:	02/05/2014	Date of Injury:	09/23/2012
Decision Date:	06/20/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	01/10/2014

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 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 injured worker is a 55-year-old male who reported an injury on 09/23/2012 due to cumulative trauma while performing normal job duties. The injured worker ultimately underwent lumbar fusion from the L3-5 on 02/22/2013. The injured worker was evaluated on 10/02/2013. It was documented that the injured worker has persistent pain related to the injured worker's implanted fusion hardware. Physical findings included tenderness to palpation of the lumbar paravertebral musculature and palpable hardware with pain with terminal motion. It was documented that the injured worker had undergone x-rays that did not identify any hardware abnormalities. The recommendation was made for removal of symptomatic hardware. The injured worker was again evaluated on 11/04/2013. It was documented that the injured worker had continued pain complaints and tenderness over the palpable hardware with some pain with range of motion and radiculitis in the L4-5 nerve roots and dermatome. The injured worker's diagnoses included status post L3-5 posterior lumbar interbody fusion with L5-S1 transitional level and retained symptomatic lumbar spinal hardware. The injured worker's treatment recommendations included removal of the injured worker's lumbar spinal hardware with inspection of the fusion mask and possible regrafting of the pedicle screw holes and nerve root exploration.

IMR ISSUES, DECISIONS AND RATIONALES

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

L3-L5 REMOVAL OF LUMBAR SPINAL HARDWARE WITH INSPECTION OF THE FUSION MASS, NEURAL EXPLORATION, POSSIBLE REGRAFTING OF THE SCREW HOLES, AND NERVE ROOT EXPLORATION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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 Section.

Decision rationale: The requested L3-5 removal of lumbar hardware with inspection of the fusion mass, neural exploration, possible regrafting of the screw holes and nerve root exploration is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not address hardware removal following spinal fusion. Official Disability Guidelines do not recommend the routine removal of implanted hardware for fixation. It is only recommended that hardware be removed when there is evidence of broken hardware or persistent pain after all other causes of pain such as infection and nonunion are ruled out. The clinical documentation submitted for review does indicate that the injured worker had an x-ray, which did not provide any evidence of hardware dysfunction; however, the clinical documentation does not provide any evidence that any attempt to rule out other pain generators such as infection has been made. Additionally, there is no documentation that the injured worker has undergone a hardware injection diagnostic block to determine that the injured worker's hardware is the main pain generator. As such, the requested hardware removal of the L3-5 with inspection of the fusion mass, neural exploration, possible regrafting of the screwholes and nerve root exploration is not medically necessary or appropriate.

2 DAYS INPATIENT 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 medically necessary, none of the associated services are medically necessary.

ASSISTANT SURGEON: 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.

MEDICAL CLEARANCE -INTERNIST: 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.