

<b>Case Number:</b>	CM14-0005591		
<b>Date Assigned:</b>	04/30/2014	<b>Date of Injury:</b>	02/24/2009
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	12/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2014

### 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 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:

According to the records available for review, this is a 43-year-old male with an injury date of 2/24/09, status post L5-S1 fusion 8/5/10, and status post revision 3/21/13. At the time (12/10/13) of the decision for lumbar hardware removal, there was documentation of subjective (acute pain running down his leg) and objective (mild weakness of the ankle dorsi and plantar flexors and quads). The current diagnoses are (post laminectomy syndrome, lumbar radiculitis, status post L4 to S1 fusion, circumferential), and treatment to date (surgery). The medical report indicates that a post operative infection occurred. There is no documentation of a diagnostic hardware injection to determine if continued pain is caused by the hardware, broken hardware or persistent pain, after ruling out other causes of pain such as infection and non-union.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LUMBAR HARDWARE REMOVAL:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**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 injection (block), Hardware implant removal (fixation).

**Decision rationale:** The California MTUS does not address this issue. The ODG identifies documentation of a diagnostic hardware injection to determine if continued pain is caused by the hardware, as criteria necessary to support the medical necessity of hardware removal. In addition, the ODG does 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 non-union. There is documentation of diagnoses of post laminectomy syndrome, lumbar radiculitis, status post L4 to S1 fusion and circumferential. However, there is no documentation of a diagnostic hardware injection to determine if continued pain is caused by the hardware. In addition, given documentation that post operative infection occurred, there is no documentation of broken hardware or persistent pain. Therefore, based on guidelines and a review of the evidence, the request for lumbar hardware removal is not medically necessary.