

Case Number:	CM14-0006978		
Date Assigned:	02/07/2014	Date of Injury:	10/24/2008
Decision Date:	07/02/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/15/2014

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 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:

This is a 42-year-old male patient with a 10/24/08 date of injury. 1/14/14 progress report indicates that the patient has persistent pain from the retained hardware for several months. The patient's pain began greater than 6 months ago. The patient attempted to self treat, but has not obtained any relief. Physical exam demonstrates direct tenderness or palpable hardware. The requesting provider indicates that he refrain from a diagnostic hardware injection, as it may introduce infection to the hardware site. 11/21/13 physical exam demonstrates number tenderness over the implants. Treatment to date has included medication, activity modifications. The patient underwent 360 lumbar arthrodesis back in 2001.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 L4-S1 REMOVAL OF HARDWARE WITH INSPECTION OF FUSION, POSSIBLE NERVE ROOT EXPLORATION AND REGRAFTING OF SCREW HOLES: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation X Official Disability Guidelines (ODG) Low Back Chapter, Hardware Injections; Other Medical Treatment Guideline or Medical Evidence: AMA Guides (Radiculopathy, Instability).

Decision rationale: The California MTUS states that surgical intervention is recommended for patients who have severe and disabling lower leg symptoms in the distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise; activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms; clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long-term from surgical repair; and failure of conservative treatment. In addition, CA MTUS states that there is no good evidence from controlled trials that spinal fusion alone is effective for treating any type of acute low back problem, in the absence of spinal fracture, dislocation, or spondylolisthesis if there is instability and motion in the segment operated on. The Official Disability Guidelines (ODG) states that if a hardware injection can eliminate the pain by reducing the swelling and inflammation near the hardware, the surgeon may decide to remove the patient's hardware. The patient has persistent pain from the retained hardware for several months. The patient's pain began greater than 6 months ago. Physical exam demonstrates direct tenderness or palpable hardware. The requesting provider indicates that he refrain from a diagnostic hardware injection, as it may introduce infection to the hardware site. 11/21/13 physical exam demonstrates number tenderness over the implants. Treatment to date has included medication, activity modifications. The patient underwent 360 lumbar arthrodesis back in 2001. Given obvious complaints recalcitrant to attempts at conservative care, the proposed procedure is deemed indicated. Therefore, the request for 1 L4-S1 removal of hardware with inspection of fusion, possible nerve root exploration and re-grafting of screw holes is medically necessary.