

Case Number:	CM14-0007856		
Date Assigned:	02/07/2014	Date of Injury:	03/05/2004
Decision Date:	07/11/2014	UR Denial Date:	12/30/2013
Priority:	Standard	Application Received:	01/17/2014

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:

Patient is a 42-year-old female who has submitted a claim for status post lumbar fusion at L3-L4, L4-L5, and L5-S1 levels associated with an industrial injury date of 03/05/2004. Medical records from 2009 to 2014 were reviewed. Patient complained of worsening back pain radiating to bilateral lower extremities. Physical examination of the lumbar spine showed muscle spasm, tenderness, and painful, restricted range of motion. Lasegue test was positive bilaterally. Motor strength of quadriceps was graded 4/5 bilaterally. Waddell signs were noted. Dysesthesia was present at right S1 dermatome. Lumbar hardware removal was recommended secondary to chronic mechanical low back pain. Hardware blockage, dated 9/9/2013, was successful as it provided pain relief for approximately two weeks. X-ray of the lumbar spine, dated 05/13/2013, showed posterior lumbar fusion extending from L3 through S1 as described with retained instrumentation, without evidence of complication. CT scan of the lumbar spine, dated 1/25/2013, showed post-interbody fusion from L3 to S1 levels, mild neural foraminal narrowing on the right at L2-L3. MRI of the lumbar spine, dated 03/21/2012, revealed postoperative findings from L3 to S1 levels, with decompression laminectomies, posterolateral fixation instrumentation, and screws. There was narrowing of the neural foramen at L2-L3; unremarkable nerve roots. Treatment to date has included three-level anterior and posterior lumbar fusion on 4/9/2010, physical therapy, and medications such as Norco, and Butrans patch. Utilization review from 12/26/2013 denied the request for lumbar hardware removal, exploration of the fusion mass because routine removal of the implanted hardware is not recommended unless in cases of broken hardware, infection, and nonunion. Non-certification of surgery led to denial of two-day inpatient length of stay.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR HARDWARE REMOVAL, EXPLORATION OF THE FUSION MASS:

Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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 SECTION, HARDWARE IMPLANT REMOVAL (FIXATION).

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, and the Official Disability Guidelines (ODG) was used instead. ODG states that routine removal of hardware implanted for fixation is not recommended, except in the case of broken hardware or persistent pain, after ruling out other causes of pain such as infection and nonunion. Implant removal in symptomatic patients is rated to be moderately effective. In this case, patient underwent three-level anterior and posterior lumbar fusion at L3-L4, L4-L5, and L5-S1 levels on 4/9/2010. No relief of pain was noted during the immediate post-operative period. The earliest progress report citing pain improvement attributed to surgery was dated July 2011. Patient was status quo until May 2013 when there was recurrence of back pain. There was progressive worsening of low back pain radiating to bilateral lower extremities, corroborated by findings of muscle spasm, tenderness, restricted range of motion, weakness, dysesthesia, and positive provocative tests. X-ray of the lumbar spine, dated 05/13/2013, showed no evidence of complication at fusion area. Lumbar hardware removal was then recommended secondary to pain chronicity. Hardware blockage, dated 9/9/2013, was successful as it provided pain relief for approximately two weeks. Given that patient presented with persistent back pain, and hardware blockage showed positive results, the medical necessity for the requested procedure has been established. Therefore, the request for Lumbar Hardware Removal, Exploration of the Fusion Mass is medically necessary.

2-DAY INPATIENT LENGTH OF STAY: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OTHER MEDICAL TREATMENT GUIDELINE OR MEDICAL EVIDENCE: MINIMALLY INVASIVE REMOVAL OR REVISION OF LUMBAR SPINAL FIXATION, SPINE J. 2004 NOV-DEC;4(6):701-5 ([HTTP://WWW.NCBI.NLM.NIH.GOV/PUBMED/15597482](http://www.ncbi.nlm.nih.gov/pubmed/15597482)).

Decision rationale: The CA MTUS and ODG do not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, a journal entitled, "Minimally Invasive Removal or

Revision of Lumbar Spinal Fixation", was used instead. It states that hospital stay averaged only 0.8 hospital day for the patients in whom screw removal was the primary goal. In this case, patient was certified to undergo lumbar hardware removal. However, medical records submitted and reviewed failed to provide indications for requesting two-day hospital stay. The article as stated above recommended limiting hospital stay to less than a day. There were no noted comorbid conditions, aside from obesity, which may necessitate longer monitoring post-operatively. The medical necessity was not established. Therefore, the request for 2-day Inpatient Length of Stay is not medically necessary.