MAXIMUS Federal Services

Case Number:	CM14-0009275		
Date Assigned:	02/14/2014	Date of Injury:	05/25/2011
Decision Date:	06/24/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	01/23/2014

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 Emergency Medicine 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 continues to have chronic low back pain. The patient been treated with epidural steroid injection and completed 10 physical therapy and 10 chiropractic sessions. MRI of the lumbar spine in November 2011 documents L4-5 facet arthrosis at L5-S1 facet arthrosis. CT scan from October 2012 shows status post fusion L4-S1 with the spacers in place. There is bilateral laminotomy at L4-5 and L5-S1. On physical examination the patient has tenderness over the screw tops and spasms in the lumbar spine. Straight leg raise is positive bilaterally. At issue is whether exploration of the fusion of L5-S1 and removal of hardware is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

REMOVAL OF HARDWARE: 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- Hardware Implant Removal, (Fixation).

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- Hardware Implant Removal

Decision rationale: This patient does not meet established criteria for removal of hardware. Specifically the patient has not had pain relief with the hardware block. The hardware block must be performed to determine whether or not the hardware is symptomatic. At this time, criteria for hardware removal are not met in the surgery is not medically necessary. In addition we do not show that the hardware was loose are broken. The request for Removal of Hardware is not 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.

EXPLORATION OF FUSION, L4-S1 POSSIBLE AUGMENTATION AND ALLOGRAFT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Low Back Pain Chapter.

Decision rationale: Patient does not meet criteria for exploration of fusion at this time. Specifically, the patient does not have a fine cut CT scan that is read demonstrating evidence of failure fusion. In addition, there is no evidence of loosening of the hardware. Criteria for surgical exploration of the fusion mass are not met because fine cut CT has not demonstrated failure of fusion radiographically. The request for exploration of Fusion, L4-S1 Possible Augmentation and Allograft is not medically necessary.