

Case Number:	CM14-0105514		
Date Assigned:	07/30/2014	Date of Injury:	08/06/2010
Decision Date:	08/29/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	07/08/2014

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 Neurological 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 46-year-old male who was reportedly injured on June 6, 2010. The mechanism of injury was noted as being the lifting of heavy equipment. The injured employee had a subsequent L4-L5 lumbar laminectomy, bilateral frame anatomy and facetectomy performed on October 17, 2011. There was a subsequent lumbar fusion on August 6, 2012. The most recent progress note, dated March 25, 2014, indicated that there were ongoing complaints of low back pain radiating to the right thigh. There were also complaints of right lower extremity weakness. The physical examination demonstrated tenderness along the midline of the lower lumbar spine as well as the lumbar paraspinal muscles with spasms. There was tenderness over the hardware of the lumbar spine. There was a normal lower extremity neurological examination. Diagnostic imaging of the lumbar spine showed evidence of an osseous fusion at L4-L5, with surgical hardware intact. There were multifactorial degenerative changes at L3-L4 and moderate bilateral L4-L5 neural foraminal narrowing causing deformity of the exiting L3 and L4 nerve roots. Previous treatment included lumbar spine surgery, medications, physical therapy, and chiropractic care. A request was made for hardware removal and was not certified in the pre-authorization process on June 4, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hardware removal: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, low back chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar and Thoracic, Hardware Injection.

Decision rationale: While the injured employee has continued low back pain and tenderness of the lumbar spine, there was no documentation that a hardware injection has been performed. According to the Official Disability Guidelines, a hardware injection is recommended for diagnostic evaluation of failed back surgery syndrome. The injection procedures are performed on patients who have undergone fusion with hardware to determine if continued pain is caused by the hardware. It is unclear why hardware removal is being considered without first confirming that it is, in fact, the cause of the injured worker's low back pain. For this reason, this request for hardware removal is not medically necessary or appropriate.