

Case Number:	CM14-0109168		
Date Assigned:	08/01/2014	Date of Injury:	07/26/2008
Decision Date:	08/29/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	07/14/2014

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 Spine Surgery and is licensed to practice in Texas. 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 50-year-old male who reported an injury on 07/26/2008. Prior treatments included epidural steroid injections, sacroiliac joint injections, physical therapy and a lumbar fusion, as well as a cervical fusion. Documentation of 05/20/2014 revealed the injured worker had pain and tenderness over the top of the palpable hardware, not only deep, but also superficial palpation. There was transient extension of symptomatology in the L5-S1 dermatome. The x-rays on flexion and extension revealed rod and screw fixation of the levels of L5-S1 with what appears to be radiolucency around the screws and haloing. Solid bone fusion has been noted. The diagnoses included status posterior lumbar interbody fusion at L5-S1 and retained symptomatic spinal hardware. The treatment plan included a removal of the hardware at the level of L5-S1 due to symptomatology. Additionally, there would be an inspection of the fusion with possible nerve root exploration and re-grafting of the screw holes if deemed necessary intraoperatively.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal hardware removal at L5-S1 with inspection of the fusion mass, neural exploration and possible re-grafting of screw holes (to be performed at specified hospital with requested surgeon): 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, Lumbar and Thoracic (Acute and Chronic).

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 implant removal (fixation).

Decision rationale: The Official Disability Guidelines indicate that hardware removal is not recommended except in cases of broken hardware or persistent pain after ruling out other causes of pain such as infection and nonunion. The clinical documentation submitted for review failed to provide documentation that other sources of pain had been ruled out, including infection and nonunion. Given the above, the request for spinal hardware removal at L5-S1 with inspection of the fusion mass, neural exploration, and possible re-grafting of screw holes (to be performed at specified hospital with requested surgeon), is not medically necessary.

Assistant surgeon, QTY: 1: 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), Musculoskeletal System Surgery and Centers for Medicare and Medicare Services, Physician Fee Schedule Search, CPT Code 64721 ([http:// www.cms.gov/apps/physician-fee-schedule/overview.aspx](http://www.cms.gov/apps/physician-fee-schedule/overview.aspx)).

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.

Preoperative medical clearance with internist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Surgery General Information and Ground Rules, State of California Official Medical Fee Schedule, 1999 Edition, Pages 92-93.

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.

Inpatient hospital admission for 3 days: 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), Hospital Length of Stay (LOS) Guidelines.

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.