

Case Number:	CM14-0010636		
Date Assigned:	02/21/2014	Date of Injury:	06/23/2011
Decision Date:	08/13/2014	UR Denial Date:	01/10/2014
Priority:	Standard	Application Received:	01/27/2014

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 and is licensed to practice in Minnesota. 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 62-year-old male with a 6/23/2011 date of injury. A specific mechanism of injury was not described. The patient is status post L3-S1 fusion on 11/23/12. On 1/10/14 a determination was not granted given no documentation of the specific response to the hardware block performed on 10/18/13. On 12/12/13, a medical report identified low back pain with hardware-related pain. She had significant improvement subsequent to the hardware block. Occasionally, she has flare-up of her symptomatology. Exam revealed tenderness at the lumbar paravertebral muscles with palpable hardware. There is pain with terminal motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

L3 to S1 removal of lumbar spinal hardware with inspection of fusion mass, possible regrafting of pedicle screw holes and nerve root exploration: 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 Official Disability Guidelines (ODG) Low Back Chapter.

Decision rationale: The Official Disability Guidelines 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 had a previous L3-S1 lumbar fusion. There is reported hardware-related low back pain. There is tenderness at the lumbar paravertebral muscles with palpable hardware. A hardware block was performed which provided significant pain relief. However, the records did not provide x-rays or other imaging studies identifying a solid fusion. Removal of hardware should be predicated on principals of an existing solid fusion. If this had been provided, by means of any type of post-operative imaging including x-rays or CT scan, there should be consideration of hardware removal. There was no documentation that other possible pain generators, in addition to the hardware have been ruled out. Therefore, the medical necessity was not substantiated. Therefore, the request is not medically necessary.

Inpatient stay two (2) days: 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 is medically necessary.

Surgical assistant: 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 AAOS Position Statement Reimbursement of the First Assistant at Surgery in Orthopedics.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services is medically necessary.

Medical clearance: 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 Official Disability Guidelines (ODG) Low Back Chapter.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services is medically necessary.