

Case Number:	CM14-0013359		
Date Assigned:	02/26/2014	Date of Injury:	11/19/2005
Decision Date:	06/26/2014	UR Denial Date:	01/07/2014
Priority:	Standard	Application Received:	02/03/2014

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 Maryland. 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 66-year-old male whose date of injury is 11/19/05. He is status post Posterior Lumbar Inter-body Fusion (PLIF) to L4-S1 with instrumentation performed 01/06/12. The records indicate the injured worker had significant improvement following surgery, but continues with subjective complaints of low back pain. The examination on 07/15/13 reported tenderness to palpation over the top of the palpable hardware, to both deep and superficial palpation. X-rays showed excellent position of the implants at L4 to S1 with no hardware failure and bone consolidation at both L4-5 and L5-S1 was noted. X-rays of the lumbar spine per Qualified Medical Evaluation (QME) on 09/24/13 showed posterior instrumentation with pedicle screw fixation at L4, L5 and S1 with no evidence of hardware loosening, backing out or breakage. L4-5 and L5-S1 fusions appear to be solid without evidence of instability. A request for removal of hardware L4-S1 with inspection of fusion mass, neural exploration and possible re-grafting; two day inpatient stay; assistant surgeon; and medical clearance was determined as not medically necessary on utilization review dated 01/04/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-S1 REMOVAL OF LUMBAR SPINAL HARDWARE WITH INSPECTION OF FUSION MASS, NEURAL EXPLORATION AND POSSIBLE RE-GRAFTING: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation Official Disability

Guidelines (ODG), Low Back Chapter, American Medical Association (AMA) Guides, 5th edition, pgs. 382-383.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Fusion (spinal)

Decision rationale: The injured worker is status post posterior lumbar inter-body fusion at L4-5 and L5-S1 with instrumentation/pedicle screws. There is no evidence of hardware failure/complications, and no diagnostic hardware block has been performed to confirm/rule out the retained instrumentation as the pain generator. There also is no evidence of pseudoarthrosis as all imaging studies were noted to show solid fusion at both L4-5 and L5-S1. Given the current clinical data, there is no medical necessity for hardware removal and/or exploration of the fusion mass with possible re-grafting. Thus the request is not recommended under Official Disability Guidelines (ODG).

INPATIENT STAY X 2 DAY: 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).

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, Hospitalization

Decision rationale: The injured worker is status post posterior lumbar inter-body fusion at L4-5 and L5-S1 with instrumentation/pedicle screws. The documentation provided does not support a determination of medical necessity for surgical intervention. Consequently, the request for inpatient hospital stay is not indicated as medically necessary.

ASSISTANT SURGEON: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Association of Orthopedic Surgeons Position Statement Reimbursement of the First Assistant at Surgery in Orthopedic.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physicians as Assistants at Surgery: 2011 Study, American College of Surgeons

Decision rationale: The injured worker is status post posterior lumbar inter-body fusion at L4-5 and L5-S1 with instrumentation/pedicle screws. The documentation provided does not support a determination of medical necessity for surgical intervention. Consequently, the request for assistant surgeon is not indicated as medically necessary under Physicians as Assistants at Surgery: 2011 Study, American College of Surgeons Guidelines.

MEDICAL CLEARANCE: 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 Chapter, and ACC/AHA (American College of Cardiology and the American Heart Association) 2007 Guidelines: <http://circ.ahajournals.org/cgi/content/full/116/17/e418>

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, Preoperative electrocardiogram (ECG)

Decision rationale: The injured worker is status post posterior lumbar inter-body fusion at L4-5 and L5-S1 with instrumentation/pedicle screws. The documentation provided does not support a determination of medical necessity for surgical intervention. Consequently, the request for medical clearance is not indicated as medically necessary under Official Disability Guidelines (ODG).