MAXIMUS Federal Services

Case Number:	CM14-0013993		
Date Assigned:	02/26/2014	Date of Injury:	12/12/2007
Decision Date:	08/25/2014	UR Denial Date:	01/27/2014
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 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:

This is a 51-year-old male patient with a 12/12/07 date of injury. 12/10/13 progress report indicates persistent low back pain. 11/13/13 progress report indicates 2-3 days of pain relief following the lumbar hardware block with persistent left leg pain and some discomfort in the lower left side of the lumbar spine. Physical exam demonstrates limited lumbar range of motion, mild guarding on palpation of the paraspinal muscles and spinous processes. The patient has undergone a lumbar posterior instrumented fusion in August 2011 which has failed. The patient continues to report pain. The patient got an injection resulting in 2-3 days of some degree of pain relief. The patient also reports persistent left leg pain. Movement exacerbates his pain. Lumbar CT demonstrates no recurrent central canal or neural foraminal stenosis, but the fusion status was not assessed. There was also lumbar metallic hardware.There is documentation of a previous 1/27/14 adverse determination because it was unclear which medication was injected, the results of the hardware injection procedure were not documented. There was no evidence that the fusion was solid and that there were no other causes for ongoing pain complaints and at the hardware block was definitely positive.

IMR ISSUES, DECISIONS AND RATIONALES

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

REMOVAL OF THE RETAINED METAL FROM THE LUMBOSACRAL SPINE-IP STAY 2-3 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); Work Loss Data Institute, LLC; Section: Low Back- Lumbar & Thoracic (Acute and Chronic) updated 12/27/2013.

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 Injection, Hospital Stay.

Decision rationale: CA MTUS does not apply. ODG 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. However, the physical exam findings are fairly non-specific and do not positively corroborate hardware as the main cause of the patient's persistent pain complaints. Fusion status was not adequately assessed as imaging reports did not describe findings pertaining to fusion. It is unclear where the hardware was injected and whether anesthetic or steroids were administered. The duration and degree of pain relief obtained following hardware block were not adequately assessed as follow-up reports were vague in assessing response. Therefore, the request for REMOVAL OF THE RETAINED METAL FROM THE LUMBOSACRAL SPINE-IP STAY 2-3 DAYS was not medically necessary.