

Case Number:	CM14-0014251		
Date Assigned:	02/26/2014	Date of Injury:	01/10/2005
Decision Date:	07/25/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	02/04/2014

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 47-year-old male patient with a 1/10/05 date of injury. 12/26/13 progress report indicates persistent low back pain, responding to methadone. Physical exam demonstrates healed midline scars over her lumbar spine, lumbar tenderness and hypertonicity over the paravertebral muscles bilaterally. There is limited lumbar range of motion and decreased sensation along the S1 nerve root. 1/30/14 progress report indicates unchanged findings with constant low back pain and intermittent left lower extremity radicular symptoms. Physical exam demonstrates lumbar tenderness, limited lumbar range of motion. A diagnostic hardware injection was requested on 6/7/13. Diagnostic hardware injections were administered, resulting in 100% symptomatic relief for nearly 2 weeks. The patient underwent previous posterior lumbar interbody fusion at L4 through S1 on 9/7/06. Treatment to date has included medication, physical therapy, TENS unit. There is documentation of a previous 1/14/14 adverse determination for undocumented reasons.

IMR ISSUES, DECISIONS AND RATIONALES

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

HARDWARE REMOVAL FROM LUMBAR SPINE: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG), Low Back-Hardware Implant Removal.

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 injections.

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. Diagnostic hardware injections were administered, resulting in 100% symptomatic relief for nearly 2 weeks. While recent documentation offers little in terms of corroborating physical findings that would implicate hardware as the pain generators, diagnostic injections were reported to have resulted in 100% pain relief, and given ongoing persistence of symptoms currently managed by medication, the requested procedure is deemed appropriate. Therefore, the request for hardware removal from lumbar spine is medically necessary.