

Case Number:	CM14-0015504		
Date Assigned:	02/28/2014	Date of Injury:	10/27/2006
Decision Date:	06/30/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/06/2014

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 a subspecialty in Orthopedic Sports Medicine 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 61-year-old female who sustained an injury to low back on 10/27/06. The mechanism of injury was not documented. The records indicate that the injured worker underwent L4-5 hardware removal and L5-S1 interbody fusion dated 05/30/08. She is status post hardware removal at L5-S1 with L3-4 posterior lumbar interbody fusion dated 09/09/11. The clinical note dated 11/26/13 reported that the injured worker has continued symptomatology in the lumbar spine. Physical examination of the lumbar spine noted examination unchanged; pain over the top of palpable hardware, not only to deep, but also to superficial palpation; some transient extension of symptomatology into the L4 nerve roots. Plain radiographs revealed solid bone incorporation and drafting at the levels of L3-4 with some radiolucency around the screws.

IMR ISSUES, DECISIONS AND RATIONALES

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

L3-L4 REMOVAL OF LUMBAR SPINAL HARDWARE WITH INSPECTION OF THE FUSION MASS, NEURAL EXPLORATION, AND POSSIBLE GRAFTING: Overturned

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, Hardware implant removal (fixation)

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 request for L3-4 removal of lumbar spinal hardware with inspection of the fusion mass, neural exploration and possible grafting is medically necessary. Physical examination noted pain over the top of the hardware, not only to deep, but also superficial palpation. There is some transient extension of symptomatology into the L4 nerve roots. Radiographic examination of the lumbar spine revealed solid bone incorporation and grafting at the level of L3-4 with some radiolucency around the screws. Given the clinical documentation submitted for review, medical necessity of the request for L3-4 removal of lumbar spinal hardware with inspection of the fusion mass, neural exploration and possible grafting has been established. Therefore the request is medically necessary.

2 DAY INPATIENT STAY: 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, 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 chapter, Hospital length of stay (LOS)

Decision rationale: The request for 2 day inpatient stay is not medically necessary. Removal of hardware does not require a hospital length of stay, as the majority of patients are discharged following the procedure. Given the clinical documentation submitted for review, medical necessity of the request for 2 day inpatient stay has not been established. Therefore the request is not medically necessary.

MEDICAL CLEARANCE: Overturned

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, Preoperative testing, general.

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, Preoperative testing, general

Decision rationale: The request for medical clearance is medically necessary. The ODG states that investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their

preoperative status. Given the patient's age and that the request includes removal of spinal hardware, medical necessity of the request for medical clearance has been established. Recommend certification.