

Case Number:	CM14-0015796		
Date Assigned:	04/09/2014	Date of Injury:	06/09/2011
Decision Date:	05/28/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/07/2014

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:

The claimant is a 62-year-old gentleman injured on June 9, 2011. The records available for review reflect a current working diagnosis of post-laminectomy syndrome of the lumbar spine. Prior surgery of an L3-S1 lumbar fusion in November 2012 was documented. A follow-up report dated October 30, 2013, indicated continued low back, thigh and foot pain. Objective findings showed restricted range of motion, tenderness to palpation, equal and symmetrical deep tendon reflexes, and positive straight leg raising, resulting in tightness to the low back. The report of a CT scan dated November 27, 2013, identified an L3-S1 fusion with no evidence of malunion or pseudoarthrosis. During the follow-up visit on December 30, 2013, the claimant indicated continued ongoing low back complaints with exam showing positive straight leg raising and an antalgic gait. Based on failed conservative care, this request is for the surgical removal of lumbar hardware, an assistant surgeon and one-day length of inpatient stay.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR HARDWARE REMOVAL; ASSISTANT; 1 DAY INPATIENT LENGTH OF 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)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter and the Milliman Care Guidelines, 18th Edition, Inpatient Length of Stay and Assistant Surgeon Sections.

Decision rationale: The California ACOEM Guidelines do not address hardware removal. According to the Official Disability Guidelines (ODG), hardware removal is not routinely recommended in the lumbar spine after fusion or implanted fixation, except in cases of broken hardware or persistent pain after ruling out other causes of pain. This request is founded on clinical imaging only. Physical examination findings do not indicate hardware-associated pain. There is no definitive diagnosis that the claimant's hardware is the sole cause of claimant's continued chronic etiology. There is no documentation of prior hardware injection. Absent those findings, the requested surgery would not be indicated as medically necessary. Because the surgery is not established as medically necessary, the related request for an assistant surgeon and one-day inpatient stay are not medically unnecessary.