

Case Number:	CM14-0019990		
Date Assigned:	04/25/2014	Date of Injury:	06/27/2011
Decision Date:	07/07/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	02/18/2014

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 claimant is a 42-year-old gentleman who was injured in a work related accident on June 27, 2011. The records provided for review document a low back injury for which the claimant subsequently underwent an L4 through S1 interbody fusion on March 8, 2013. The records postoperatively document continued complaints of pain despite treatment which included physical therapy, medication management, and activity restrictions. The progress report dated December 9, 2013 documented that the claimant was doing well, but continued to have residual axial complaints, which the treating physician attributed to his hardware. Physical examination showed tenderness to palpation at the L4-5 and L5-S1 level. Plain films revealed excellent position of implants with solid boney fusion. Recommendation at that time was for exploration of fusion with hardware removal.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-L5 REMOVAL OF LUMBAR SPINAL HARDWARE WITH INSPECTION OF THE FUSION MASS, NEURAL EXPLORATION AND POSSIBLE REGRAFTING: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.

Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Worker's Comp, 18th Edition, 2014 Updates: Low Back Procedure Hardware Implant Removal (Fixation).

Decision rationale: California ACOEM and MTUS Guidelines are silent regarding removal of fusion hardware. When looking at Official Disability Guideline criteria, removal of hardware is only indicated for persistent pain after ruling out other causes or broken hardware. The records provided for review contain imaging that demonstrates the claimant's hardware is well positioned with no indication of loosening or hardware failure. The records do not contain documentation to support that the claimant's current complaints are isolated to his retained hardware. Based on clinical examination and imaging, the acute need of a revision procedure to include a removal of hardware and exploration of fusion would not be indicated. The request is not medically necessary.

2 DAYS INPATIENT STAY: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

MEDICAL CLEARANCE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

ASSISTANT SURGEON: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.