

Case Number:	CM14-0114293		
Date Assigned:	09/16/2014	Date of Injury:	10/23/2012
Decision Date:	12/30/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	07/21/2014

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 Spine Surgeon, 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 injured worker is a 44-year-old male who reported an injury on 10/23/2012. The mechanism of injury involved heavy lifting. The current diagnosis is lumbar spasm. The latest physician progress report submitted for this review is documented on 05/13/2014. The injured worker was reportedly evaluated by the orthopedic surgeon, who requested a hardware removal procedure. However, the orthopedic surgeon's latest report was not provided for review. The physical examination revealed an inability to stand straight. The patient was instructed to proceed with the hardware removal. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hardware removal: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back, Hardware Implant Removal and ODG, Hardware Injection Block

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

Decision rationale: The Official Disability Guidelines do not recommend routine removal of hardware implanted for fixation, except in the case of broken hardware or persistent pain after ruling out other causes of pain such as an infection or a nonunion. As per the documentation submitted, the orthopedic surgeon's latest progress note was not submitted for this review. There is no documentation of a significant functional limitation. The specific level at which the hardware will be removed was not listed in the request. It is also noted that the injured worker was pending completion of a physical therapy program. Based on the clinical information received, the request is not medically necessary.

Preoperative clearance with X-rays: 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: As the injured worker's surgical procedure has not been authorized, the current request is also not medically necessary.

Preoperative clearance with an electrocardiogram: 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: As the injured worker's surgical procedure has not been authorized, the current request is also not medically necessary.

Preoperative clearance pulmonary function test: 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: As the injured worker's surgical procedure has not been authorized, the current request is also not medically necessary.