

Case Number:	CM14-0133450		
Date Assigned:	08/25/2014	Date of Injury:	12/30/2003
Decision Date:	10/02/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/20/2014

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 Neurological 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:

According to the records made available for review, this is a 65-year-old male with a 12/30/03 date of injury, and status post lumbar fusion L3-4 and L4-5 (undated). At the time (5/13/14) of request for authorization for Hardware removal and exploration fusion surgery, has malpositioned screw, there is documentation of subjective (neck pain, low back pain, and left leg radiculopathy) and objective (healed surgical incision and spasm in lumbar spine, painful and limited range of motion, Lasegue positive on left, positive straight leg raise on left at 60 degrees, pain noted on left, tenderness to palpation over the hardware) findings, imaging findings (Lumbar Spine CT (1/14/14) report revealed surgically fused L3-4 and L4-5 levels, posterior fixation device seen comprising of posterior rods and transpedicular screws bridge L3, L4, and L5 vertebrae on left side; markers of interbody spacer noted at L3-4 and L4-5 levels with the discal space, interbody fusion device noted at L3-5 and L4-5 levels with corical screws at L4 vertebral body, and hardware is intact), current diagnoses (status post lumbar spine fusion; malpositioned left L4 screw, lumbar spine degenerative disc disease, cervical spine degenerative disc disease, and left knee strain), and treatment to date (surgery and medications (including ongoing treatment with Vicodin, Terocin cream, Flexeril, Neurotin, and Motrin)). There is no documentation of a diagnostic hardware injection and broken hardware.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hardware removal and exploration fusion surgery, has malpositioned screw: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-308. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines)Low Back Chapter

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 injection (block), Hardware implant removal (fixation)

Decision rationale: MTUS does not address this issue. ODG identifies documentation of a diagnostic hardware injection to determine if continued pain is caused by the hardware, as criteria necessary to support the medical necessity of hardware removal. In addition, ODG does not recommend the 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 infection and nonunion. Within the medical information available for review, there is documentation of diagnoses of status post lumbar spine fusion; malpositioned left L4 screw, lumbar spine degenerative disc disease, cervical spine degenerative disc disease, and left knee strain. In addition, there is documentation of objective (tenderness to palpation over the hardware) findings. Furthermore, given documentation of imaging findings (CT scan identifying surgically fused L3-4 and L4-5 levels), there is documentation of ruling out other causes of pain such as nonunion and infection. However, there is no documentation of a diagnostic hardware injection. In addition, given documentation of imaging findings (CT scan identifying posterior fixation device seen comprising of posterior rods and transpedicular screws bridging L3, L4, and L5 vertebrae on left side; markers of interbody spacer noted at L3-4 and L4-5 levels with the discal space, interbody fusion device noted at L3-5 and L4-5 levels with corical screws at L4 vertebral body, and hardware is intact), there is no documentation of broken hardware. Therefore, based on guidelines and a review of the evidence, the request for hardware removal (malpositioned screw) and exploration fusion surgery is not medically necessary or appropriate.