

Case Number:	CM14-0139816		
Date Assigned:	09/08/2014	Date of Injury:	09/13/2009
Decision Date:	10/03/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/28/2014

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 is a 56-year-old female who sustained a vocational injury on 09/13/09. The medical records provided for review documented that the injured worker underwent an L4-5 and L5-S1 decompression and fusion. The office note dated 06/25/14 noted that the injured worker was told she had hardware placed that may need to be removed. She had been having mechanical pain, weather related pain, and pain when she leans up against material. On examination, she had tenderness over the screw tops. She had 40 degrees of flexion and 10 degrees of extension. Negative straight leg raise testing was noted. She had 5/5 strength with the ankle dorsi and plantar flexors. She had 5/5 strength with the quadriceps and iliopsoas. The injured worker was given a diagnosis of symptomatic hardware at the L4-5 and L5-S1 levels. The current request is for hardware removal of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Removal hardware lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back chapter & Foot and Ankle chapter: Hardware implant removal (fixation)

Decision rationale: California ACOEM Guidelines note that prior to considering surgical intervention, there should be clear clinical, imaging and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair as well as there should be documentation of failure of conservative treatment to resolve disabling radicular symptoms. The Official Disability Guidelines (ODG) note specifically that routine hardware implant removal is not considered medically necessary except in the case of broken hardware or persistent pain after ruling out causes of pain such as infection and nonunion. Documentation presented for review fails to establish the injured worker has attempted, failed and exhausted a routine course of conservative treatment, has diagnostic imaging or physical exam findings that have ruled out other causes of pathology or abnormal physical exam objective findings that may be responsible for the injured worker's ongoing complaints. The documentation fails to reveal that the injured worker has had diagnostic testing and therapeutic localized anesthetic at the site of the proposed hardware removal prior to considering and recommending surgical intervention for hardware removal of the lumbar spine. Therefore, based on the documentation presented for review and in accordance with California ACOEM Guidelines and Official Disability Guidelines (ODG), this request is not medically necessary.

Bone graft exploration of fusion mass: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
[HTTP://WWW.NCBI.NIM.NIH.GOV/PUBMED/16648739](http://www.ncbi.nlm.nih.gov/pubmed/16648739)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back chapter: Iliac crest donor-site pain treatment

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