MAXIMUS Federal Services

Case Number:	CM14-0150459		
Date Assigned:	09/18/2014	Date of Injury:	05/14/1998
Decision Date:	10/28/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	09/15/2014

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 Surgery and is licensed to practice in Texas. 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 51-year-old female who reported an injury on 05/14/1998. The injured worker is postop lumbar L5-S1 fusion. The injured worker has diagnoses of post laminectomy syndrome of the lumbar region, unspecified disc disorder of the lumbar spine, degeneration of the lumbar/lumbosacral intervertebral disc, displacement of thoracic/lumbar intervertebral disc without myelopathy, and other unspecified disorders of the nervous system. The past medical treatments for the injured worker consists of lumbar epidural steroid injections, blood patch injections, caudal with catheter, spinal cord stimulator, surgery, physical therapy, and medication therapy. Medications consist of Lyrica, Flexeril, and Norco. The injured worker has undergone CAT scans and MRIs of the lumbar spine. On 07/1/2014, the injured worker complained of low back pain. On physical examination, it was noted that the injured worker rated her pain with medications as a 5/10, without medications 10/10. There were no problems or side effects with medication. The physical examination of the lumbar spine revealed surgical scars. Range of motion was restricted, was limited due to pain. On palpation, paravertebral muscles, hypertonicity, tenderness and tight muscle band were noted on both sides. Spinous process with tenderness that was noted at the L4-5 level. Lumber facet loading was positive bilaterally. Straight leg raise was negative. Tenderness was also noted over the posterior iliac spine on both the sides of sacroiliac spine center of middle low back. The medical treatment is for the injured worker to undergo hardware removal at L5-S1. The rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hardware Removal At Lumbar L5-S1Explore Fusion Explore Fusion and Foraminotomy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Integrated Treatment/Disability Duration Guidelines Low Back Lumbar & Thoracic (Acute & Chronic) Updated 07/03/2014 Hardware Implant Removal

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, Hardware implant removal

Decision rationale: The ODG does not recommend the routine removal of hardware implanted, except in the case of a broken hardware or persistent pain, after ruling out other causes of pain such as infection or a nonunion. They are not recommended solely to protect against allergy, carcinogenesis, or metal detection. Although, hardware removal is commonly done, it should not be considered a routine procedure. The decision to remove hardware has significant economic implications, including the cost of the procedure as well as possible work time lost for postoperative recovery, and implant removal may be challenging and lead to complications, such as neurovascular injury, re-fracture, or recurrence of deformity. The routine removal of orthopedic fixation devices after healing remains an issue of debate, but implant removal in symptomatic patients is rated to be moderately effective. Many surgeons refuse a routine implant removal policy, and do not believe in clinically significant adverse effects of retained metal implants. The submitted documentation lacked any indication that the injured worker might have had broken hardware. It was noted that the injured worker had pain, but it was unclear whether it was due to the hardware. The submitted documentation lacked any objective findings of sensory deficits or lack of motor strength on the injured worker's lower back. Additionally, ODG does not recommend hardware implantation removal. Given the above, the injured worker is not within recommended guidelines. As such, the request Hardware Removal at Lumbar L5-S1 Explore Fusion Explore Fusion and Foraminotomy are not medically necessary and appropriate.