

<b>Case Number:</b>	CM14-0158716		
<b>Date Assigned:</b>	10/02/2014	<b>Date of Injury:</b>	01/01/1997
<b>Decision Date:</b>	11/17/2014	<b>UR Denial Date:</b>	09/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/27/2014

### 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 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:

Progress report dated 08/12/2014 states the patient presented with continued pain of the lumbar spine related to her symptomatic hardware in her low back. She reported her pain is aggravated by bending, lifting, twisting, pushing, pulling, prolonged sitting and walking. On exam, the status post revealed midline incision with tenderness at the paravertebral muscle and over top palpable hardware, right greater than left. She has muscle spasms and seated nerve root test is positive. Range of motion revealed standing flexion and extension are guarded and restricted. She is diagnosed with status post L4-5 laminectomy, status post L4-S1 posterior lumbar interbody fusion, and status post C5-C6 anterior cervical discectomy and fusion with junctional level pathology. The patient was recommended for L4-S1 removal of lumbar spinal hardware with inspection of fusion mass, nerve root exploration, and possible re-grafting of pedicle screw holes. Prior utilization review dated 09/15/2014 states the request for L4 to S1 removal of lumbar spinal hardware with inspection of fusion mass, nerve root exploration and possible re-grafting of pedicle screw holes @ ██████████ Hospital; and Medical clearance with Internist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**L4 to S1 removal of lumbar spinal hardware with inspection of fusion mass, nerve root exploration and possible re-grafting of pedicle screw holes @ ██████████ Hospital:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines); Low Back-Lumbar & Thoracic (Acute & Chronic)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG) Low back, Hardware implant removal

**Decision rationale:** The Official Disability Guidelines state that hardware implant removal is not recommended as routine, except in cases of broken hardware or persistent pain, after ruling out other causes. 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. The requested surgical procedure appears indicated in this case. Documentation reveals that the patient complained of frequent, increasing low back pain. The provider noted tenderness over the palpable hardware, and radiographs revealed osteolysis around the screws. Additionally, the patient received immediate relief of pain after hardware block. Based upon the above discussion the requested removal of hardware and inspection of fusion mass is warranted. Nerve root exploration is indicated due to the patient's complaints of radiating pain and prior radiographic findings revealing exiting nerve root compromise at bilateral L4-5 and right L5-S1. However, no guideline recommendations regarding the request for possible re-grafting of the pedicle screw holes were found. Per the 8/13/2014 progress report, x-rays revealed solid bone consolidation and incorporation at levels L4-5 and L5-S1. For this reason, there is no indication that removal of the screws would leave the patient at risk of instability of the fusion structure. Therefore, the request for one L4 to S1 removal of lumbar hardware with inspection of fusion mass, nerve root exploration, and possible re-grafting of the pedicle screw holes is recommended certified with modification to L4 to S1 removal of lumbar hardware with inspection of fusion mass, and nerve root exploration; the requested possible re-grafting of the pedicle screw holes is not medically necessary.

**Medical clearance with Internist:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Surgery General Information and Ground Rules, California Official Medical Fee Schedule, 1999 edition, pages 92-93

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (2004) Independent Medical examination and consultation, page 503.

**Decision rationale:** Regarding the request for medical clearance MTUS (ACOEM), guidelines state: under most circumstances, the immediate pre-operative visit is included in the listed value for the surgical procedure. A consultation may be separately reimbursable in addition to the global surgery package if the patient has a significant co-morbidity or complication that poses a significant risk to the patient, or is of advanced age. A review of the submitted documentation failed to reveal a significant co-morbidity which would support the necessity of medical clearance with an Internist. Per the documentation, the patient denied history of hypertension, diabetes, lung disease, or any other serious disease. Based upon the above discussion, the request

for medical clearance with an Internist is not medically necessary. Medical clearance may be provided by the surgeon as a component of the surgical service without separate authorization.