

Case Number:	CM14-0028521		
Date Assigned:	06/23/2014	Date of Injury:	07/01/2010
Decision Date:	12/03/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	03/06/2014

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 claimant had a reported industrial injury dated 7/1/10. The operative report dated 08/03/12 states that the claimant underwent L4-5 posterior lumbar interbody fusion, L4-5 bilateral rigid segmental internal fixation, L4-5 bilateral posterolateral intertransverse process fusion, realignment of sagittal deformity back to lordosis, complete laminectomy, partial bilateral laminectomy, L4-5 bilateral neural foraminotomy with nerve root decompression, bilateral L4-5 complete facetectomies, and L4-5 excision of exostosis, removal of osteophytes and resection of pars interarticularis. Report dated 01/13/14 states that the claimant has been diagnosed with retained symptomatic hardware. It is note that there is junctional level pathology at the levels of L3-4. An MRI has been obtained and this showed some herniated nucleus pulposus at the L3/4 level. Examination of the lumbar spine reveals pain and tenderness right across the iliac crest into the lumbosacral spine. Standing flexion and extension are guarded and restricted. There is dysesthesia in the L4-5 dermatome, right greater than left. Radiographs demonstrate solid bone consolidation at L4-5. Recommendation is made for L4-5 removal of lumbar spinal hardware with inspection of fusion mass, possible re-grafting of screw holes and nerve root exploration if deemed necessary intra-operatively.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-5 REMOVAL OF LUMBAR SPINAL HARDWARE WITH INSPECTION OF FUSION MASS, POSSIBLE RE-GRAFTING OF SCREW HOLES AND NERVE ROOT EXPLORATION IF DEEMED NECESSARY INTRAOPERATIVELY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC, Low Back Procedure

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: CA MTUS/ACOEM is silent on the issue of hardware removal. Per the ODG, Low Back, Hardware Implant Removal, hardware removal is not recommended. It states, "not recommended the routine removal of hardware fixation exception in a case of broken hardware or persistent pain after ruling out other causes of pain such as infection or nonunion." The ODG goes on to state that hardware injection is recommended for diagnostic evaluation of failed back syndrome. If steroid anesthetic block eliminates pain at the level of the hardware, surgeon may then decide to remove hardware. In this case there is no evidence of symptomatic broken hardware or nonunion to support removal. In addition there is no evidence of diagnostic block in the records from 1/13/14 to support hardware removal. The records demonstrate a solid fusion. Therefore the request is not medically necessary and appropriate.

2 DAYS POS-OP INPATIENT STAY: 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: Since the primary procedure is not med necessary, none of the associated services are medically necessary.

ASSISTANT SURGEON: 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: Since the primary procedure is not med necessary, none of the associated services are medically necessary.

MEDICAL CLEARANCE WITH INTERNIST: 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: Since the primary procedure is not med necessary, none of the associated services are medically necessary.