MAXIMUS Federal Services

Case Number:	CM14-0031608		
Date Assigned:	06/20/2014	Date of Injury:	08/29/2005
Decision Date:	07/25/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	03/12/2014

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 57-year-old male sustained an industrial injury 8/29/05 while trimming trees and lifting branches. He underwent bilateral laminectomy and anterior and transforaminal interbody fusion L4/5 and L5/S1 with posterior instrumentation on 8/2/12. The 2/13/14 orthopedic report cited the patient was doing well with regard to the low back, but had some lateral left leg tingling and weakness. Physical exam findings documented mild L4 tenderness, lateral flexion 10-20 degrees, extension 0-10 degrees with mild pain, normal motor and sensation, and symmetrical deep tendon reflexes. X-rays showed hardware intact L4-S1, with fusion consolidation noted. The treating physician indicated the patient was doing well, with some on-going residuals symptoms he is managing with acupuncture and activity modification. A request for lumbar MRI, BUN and creatinine testing, and injection of hardware in anticipation of possible removal was made. The 3/5/14 utilization review denied the 2/27/14 request for hardware removal and associated services as there was no rationale to explain the medical necessity, no mention of back pain associated with hardware, and no mention of abnormality on prior MRI. The 3/20/14 lumbar MRI impression documented post-surgical changes L4-S1 with slight increase in discogenic disease at L2/3 and L3/4. The radiologist noted that MRI was relatively insensitive for evaluation of hardware failure, however no gross abnormality was identified. The 3/27/14 orthopedic report cited subjective complaints of frequent moderate low back pain with occasional slight numbness and tingling in his left leg. Physical exam findings were unchanged from 2/13/14. Hardware removal was recommended as it was causing on-going muscle irritation. Authorization was requested for removal of hardware and exploration of lumbar fusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inpatient removal of hardware: Upheld

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

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-Lumbar & Thoracic, Hardware implant removal (fixation).

Decision rationale: The California MTUS does not provide recommendations for lumbar hardware removal. The Official Disability Guidelines do 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 non-union. The ODG recommend a hardware injection block procedure for patients who have undergone a fusion with hardware to determine if continued pain is caused by the hardware. Guideline criteria have not been met. There are no clinical exam or imaging findings suggestive of hardware failure. There is no evidence of a hardware injection to confirm hardware as a source of pain or spasms. There is no evidence of a work-up to rule-out infection. Therefore, this request for inpatient removal of hardware is not medically necessary.

Hospital length of stay (LOS), 1-2 days: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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-Lumbar & Thoracic, Hospital length of stay (LOS).

Decision rationale: As the request for inpatient removal of hardware is not medically necessary, the request for hospital length of stay (LOS), 1-2 days, is also not 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 base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Centers for Medicare and Medicaid services, Physician Fee Schedule.

Decision rationale: As the request for inpatient removal of hardware is not medically necessary, the request for assistant surgeon is also not medically necessary.

Preoperative clearance with a medical doctor: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Institute for Clinical Systems Improvement (ICSI). Preoperative evaluation.

Decision rationale: As the request for inpatient removal of hardware is not medically necessary, the request for preoperative clearance with a medical doctor is also not medically necessary.

Preoperative chest x-ray: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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-Lumbar & Thoracic, Preoperative testing, general.

Decision rationale: As the request for inpatient removal of hardware is not medically necessary, the request for preoperative chest x-ray is also not medically necessary.

Preoperative labs (no indication of what labs): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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-Lumbar & Thoracic, Pre-operative lab testing.

Decision rationale: As the request for inpatient removal of hardware is not medically necessary, the request for preoperative labs (no indication of what labs) is also not medically necessary.

Home health nurse for 1 hour per day, 5 days per week for two weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51.

Decision rationale: As the request for inpatient removal of hardware is not medically necessary, the request for home health nurse for 1 hour per day, 5 days per week for two weeks, is also not medically necessary.

Outpatient postoperative physical therapy times 12 visits for the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 25-26.

Decision rationale: As the request for inpatient removal of hardware is not medically necessary, the request for home outpatient postoperative physical therapy times 12 visits for the lumbar spine is also not medically necessary.