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| Case Number: | CM14-0034084 | | |
| Date Assigned: | 06/20/2014 | Date of Injury: | 01/07/2010 |
| Decision Date: | 07/18/2014 | UR Denial Date: | 03/11/2014 |
| Priority: | Standard | Application Received: | 03/18/2014 |

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:

The claimant is a 48-year-old gentleman who injured his low back in a work related accident on 01/07/10. The claimant subsequently underwent an interbody fusion at the L5-S1 level on 03/15/11. Postoperative records note continued complaints of pain for a current diagnosis of painful hardware. The examination on 02/26/14 showed low back pain radiating into the right lower extremity pain, a positive Faber test and diminished sensation at the right L5 dermatomal distribution. The claimant's diagnosis documented on that date was status post lumbar fusion with continued pain. The recommendation was made for removal of hardware of the lumbar spine. The report of a postoperative CT scan from October 2013 revealed a solid fusion with no evidence of loosening of hardware or pseudoarthrosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgical removal of hardware of the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2013 Updates: Low Back Procedure.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2013 Updates: low back procedure.

Decision rationale: The California MTUS and ACOEM Guidelines do not address this surgery. Based upon the Official Disability Guidelines, surgical removal of hardware from the lumbar spine would not be indicated. The claimant's imaging and clinical presentation do not support a diagnosis of hardware failure. The Official Disability Guidelines do not recommend the routine removal of hardware, except in cases involving broken hardware or if the claimant's pain is confirmed as hardware being the pain generator. The claimant has a CT scan demonstrating a solid fusion and no indication of hardware failure. The claimant's clinical presentation also presents with radicular findings, which would not be indicative of hardware related complaints. The request in this case cannot be supported as medically necessary.