

Case Number:	CM14-0039058		
Date Assigned:	06/27/2014	Date of Injury:	08/30/2012
Decision Date:	08/05/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	04/03/2014

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 Orthopedic 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 32-year-old male who reported injury on 08/30/2012. The mechanism of injury was the injured worker was lifting a wheelbarrow full of grape crates when he felt pain in his low back. The injured worker underwent a lumbar fusion at L4-S1 on 09/28/2012. The injured worker underwent a CT of the lumbar spine on 02/06/2014 which revealed there were postsurgical changes from the posterior fusion of the lumbosacral spine. There was no central canal or neural foraminal stenosis of the visualized central canal and neural foramina. Artifact from metallic fusion hardware limited the evaluation at the level of L5-S1. The documentation of 02/17/2014 revealed the injured worker was inquiring about removal of the L4 screws. The documentation indicated the injured worker was mildly tender upon palpation at the hardware site. There were no motor or sensory deficits. No plain radiographs were taken. There was continuous satisfactory alignment of the interbody grafts and pedicle screw fixation at L4 through the sacrum per the CT scan. The diagnoses included status post bilateral transforaminal interbody fusion L5-S1 with pedicle screw instrumentation at L4, L5, and S1 and retained lumbar hardware. The treatment plan included removal of the hardware.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Hardware Removal: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines ,Low Back.

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 Chapter, Hardware implant removal (fixation).

Decision rationale: The Official Disability Guidelines do not recommend the routine removal of hardware implantation for fixation. These instances should be reserved for cases of broken hardware or persistent pain after ruling out other causes of pain such as infection and nonunion. The documentation indicated the injured worker was just inquiring about the removal of the L4 screws. The clinical documentation submitted for review failed to provide that other causes of pain had been ruled out including an infection and nonunion. There was a lack of documentation indicating the injured worker had broken hardware. The request as submitted failed to indicate the level for that lumbar hardware removal. Given the above, the request for lumbar hardware removal is not medically necessary.