

Case Number:	CM14-0039455		
Date Assigned:	07/23/2014	Date of Injury:	12/23/2008
Decision Date:	10/17/2014	UR Denial Date:	03/14/2014
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 in Orthopedic Spine 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 43-year-old female who reported an injury on 12/23/2008. The mechanism of injury was a fall. The injured worker's medications included Nucynta 300 mg, Nucynta 100 mg, Norco 10/325 mg, clonazepam 1 mg, Zanaflex 4 mg, cyclobenzaprine 10 mg, and gabapentin 600 mg as well as Prilosec 20 mg. The prior therapies and treatments included physical therapy, surgical intervention and medications. The injured worker was noted to undergo a lumbar fusion and a left shoulder decompression. There were no diagnostic studies included an MRI of the lumbar spine, date not provided, official read not provided, however the physician documentation indicated the injured worker had a fusion intact with posterior and anterior infusion and anterior disc replacement at L5-S1. The injured worker's social history included smoking cigarettes occasionally. The most recent documentation was dated 02/18/2014. The injured worker had complaints of low back pain. The examination of the lumbar spine revealed localized discomfort across the lumbar spine with pain into the bilateral legs particularly to the left. The straight leg raise was positive on the left with residual pain across the L5-S1 distribution. The diagnoses included status post lumbar fusion with residual left lower extremity radiculopathy. The treatment plan included hardware removal, continued medications and a home exercise program. There was no Request for Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

hardware removal (location unspecified, presumably lumbar): Upheld

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

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 impant removal (fixation)

Decision rationale: The Official Disability Guidelines indicate that routine hardware removal is not recommended except in the case of broken hardware or persistent pain after ruling out other causes of pain such as infection and nonunion. The clinical documentation submitted for review failed to provide radiologic evidence of broken hardware. The injured worker had persistent pain. However, there was a lack of documentation indicating that other causes have been ruled out including infection and nonunion. The request as submitted failed to indicate the location for the hardware removal. Given the above, the request for hardware removal (location unspecified, presumably lumbar) is not medically necessary.