

<b>Case Number:</b>	CM14-0040261		
<b>Date Assigned:</b>	06/30/2014	<b>Date of Injury:</b>	09/26/2011
<b>Decision Date:</b>	07/31/2014	<b>UR Denial Date:</b>	03/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2014

### 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 injured worker is a 48-year-old male who reported an injury on 09/26/2011. The mechanism of injury was not provided. The injured worker underwent a CT of the lumbar spine without contrast on 02/19/2014 which revealed there was no evidence of hardware fracture or hardware loosening. The documentation of 03/10/2014 revealed the injured worker underwent an L4-5 anterior and posterior fusion on 01/30/2013 and an L4 laminectomy and L3-L5 laminotomy on 02/21/2013. It was indicated the injured worker had weakness of the left thigh and to the toes. The injured worker reported burning of the left hip and aching pain. The injured worker indicated on the right he had weakness and burning of the top of the thigh. It was indicated the surgery helped with severe cutting pain in the low back. The objective examination revealed the injured worker had decreased strength of the hamstrings on the left of 4+/5. All other muscle groups were 5/5 strength in the bilateral lower extremities. Sensation was decreased on the left L5 and S1 dermatomes. The diagnoses included chronic low back and left lower extremity pain and L4-L5 anterior posterior fusion on 01/31/2013 and an L4 laminectomy and L3-L5 laminotomy on 02/21/2013. The treatment plan included hardware removal.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Removal of Left L4,L5 (Lumbar 4, Lumbar 5) Implants:** 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), Low Back Chapter.

**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 CA MTUS/ACOEM Guidelines do not specifically address hardware implant removal or fixation. The Official Disability Guidelines indicate that the removal of the hardware 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 indicated per the CT scan the hardware was not broken. However, there was lack of documentation indicating other causes of pain, such as infection and nonunion, had been ruled out. Given the above, the removal of left L4, L5 (lumbar 4, lumbar 5) implants is not medically necessary.