

Case Number:	CM14-0042946		
Date Assigned:	06/30/2014	Date of Injury:	04/19/1999
Decision Date:	07/31/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	04/09/2014

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 Neurological 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 51-year-old female who was reportedly injured on April 19, 1999. The mechanism of injury was not listed in the records reviewed. The most recent progress note dated February 26, 2014, indicates there were ongoing complaints of low back pain with numbness and tingling in the right foot as well as right shoulder pain. Current medications included aspirin, Lipitor, Metformin, Norco, Ketoprofen and Soma. The physical examination demonstrated pain with lumbar spine range of motion and tenderness in the right pelvic brim. Examination of the right shoulder noted full range of motion and muscle strength of 5/5. Special tests were stated to be negative. Removal of the lumbar spine hardware was recommended as an outpatient with a 23 hours stay. Continued home exercise was recommended. A request was made for removal of lumbar spine fixation and a three day hospital stay and was not certified in the pre-authorization process on March 10, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Removal of metal from internal fixation lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back chapter, Hardware implant removal (fixation).

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, Hardware implant removal, updated July 3, 2014.

Decision rationale: According to the most recent progress note, dated February 26, 2014, the injured employee did not indicate she had lumbar spine pain specifically at the side of the hardware nor was there tenderness at the site on physical examination. Therefore, it is unclear why there was a recommendation for removal of this hardware. The Official Disability Guidelines recommend hardware removal only in cases of broken hardware or persistent pain. Therefore, this request for removal of metal from internal fixation of the lumbar spine is not medically necessary.

Inpatient hospital stay x3days: 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, Hospital length of stay, updated July 3, 2014.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.