

Case Number:	CM14-0044873		
Date Assigned:	08/08/2014	Date of Injury:	03/29/1984
Decision Date:	09/17/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/11/2014

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 57-year-old male who reported injury on 03/29/1984. The mechanism of injury was the injured worker fell from a loader and experienced severe back pain. The prior therapies were noted to include physical therapy, acupuncture, trigger point injections, spinal blocks, epidurals, lumbar facet injections, a failure of a spinal cord stimulator trial, Toradol injections, and 4 lumbar spine surgeries, as well as medications. The injured worker's medications were noted to include tramadol 50 mg 4 times a day and Gralise 900 mg, morphine sulfate ER 30 mg, alprazolam 0.5 mg, morphine sulfate IR 15 mg, Prozac 20 mg capsules and Nucynta 50 mg. The injured worker underwent a lumbar spine x-ray 4 views on 06/28/2013 which revealed no instability. The injured worker underwent a lumbar spine myelogram on 12/19/2013, which revealed extensive fusion instrumentation. The plain film radiographs demonstrated posterior fusion instrumentation extending from L1 through S1. There was a fusion of L3-L4 and L5 noted to be "probably" present. There was retrolisthesis of L2 on L3. There was no clear instrumentation fracture identified. The contrast outlined the nerve roots. The flexion and extension views demonstrated no significant change in listhesis. Current medications include Prozac 20 mg capsules and Nucynta 50 mg tablets as of the date 02/20/2014. The documentation of 02/20/2014 revealed the injured worker began to develop right sided low back pain with his last procedure involving a fusion from L1 to the sacrum 2 years prior to the examination date. The discussion was for hardware removal. The injured worker indicated that he was having right sided low back pain described as mechanical. The documentation indicated the injured worker had a CT myelogram and was solidly fused from L1 to the sacrum. The hardware was in good position, and the injured worker did not have significant stenosis in the transitional zone between T12 and L1. The documentation indicated the injured worker's goal was hardware removal. The physical examination revealed the injured worker may have some positive sagittal balance. There

was some tenderness to the right side of the midline between T12 and S1. The injured worker had markedly limited lumbar flexion and extension. The strength was 5/5 with some diminished sensation to light touch in the right lower extremity distal to the knee. The reflexes were 1+ at the knees and ankles. The straight leg raise and crossed straight leg raise were negative. The leg length was equal and the pelvis was level. The diagnoses included post laminectomy syndrome lumbar region. The treatment plan included scoliosis views. The injured worker was requesting hardware removal. There was no Request for Authorization submitted for the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Removal of Hardware - Low Back: 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 Chapter: Hardware Removal.

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 implanted for fixation except in the case of broken hardware or persistent pain after ruling out other causes of pain such as infection or non-union. The clinical documentation submitted for review failed to indicate the injured worker had broken hardware. There was a lack of documentation of ruling out other causes of pain such as infection and nonunion. Given the above, the request for removal of hardware low back is not medically necessary.

Two Day Inpatient Stay: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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

Surgical Assistant MD: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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

Pre-Operative Electrocardiogram (EKG): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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

Pre-Operative Chest X-Ray: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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

Pre-Operative Labs - Complete Blood Count (CBC) with platelets and differential, Comprehensive metabolic panel (CMP), Partial thromboplastin time (PTT), Prothrombin time (PT): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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

Post-Operative Medications - Unspecified medications/dosage/quantity: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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

Pre-Operative Urinalysis (UA) with microscope: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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