

<b>Case Number:</b>	CM14-0047781		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	07/22/2004
<b>Decision Date:</b>	11/13/2014	<b>UR Denial Date:</b>	03/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/28/2014

### 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 New York. 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 patient is a 63-year-old male. The patient has chronic back pain. He has a date of injury of July 22, 2004. He had previous surgery with instrumentation and the spine. He had a previous hardware block that helped about 75% for 3 days. Additional treatment includes medications. Physical examination reveals tenderness of the lumbar spine, loss of lumbar motion and painful back motion. Patient has a positive straight leg raise at 60 bilaterally. CT of the lumbar spine from 2013 shows pedicle screws at L5-S1. There is no evidence of hardware loosening or failure fusion. MRI the lumbar spine from 2013 shows postsurgical changes at L5-S1. At issue is whether hardware removal is necessary at this time.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hardware Removal of Low Back:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**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 removal

**Decision rationale:** This patient does not meet establish criteria for hardware removal. Specifically, there is no evidence of problems with the hardware from a clinical standpoint. CT scan does not show evidence of hardware loosening or failure fusion. MRI of the lumbar spine does not show evidence of infection or hardware loosening. Since imaging studies do not document any abnormalities with the hardware, there is no clinical justification for removal of hardware. Criteria for hardware removal not met.