

<b>Case Number:</b>	CM14-0051155		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	10/10/2011
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	04/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/18/2014

### 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 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 47-year-old female who reported an injury on 10/10/2011, after lifting weights at the gym. The injured worker reportedly sustained an injury to his low back. The injured worker's treatment history included physical therapy, acupuncture, epidural steroid injections, and radiofrequency ablation. The injured worker ultimately underwent fusion surgery at the L5-S1. The injured worker developed persistent pain complaints at the hardware site. It was noted that the injured worker underwent a bilateral L5-S1 hardware block that provided 80% relief to the injured worker's back and leg pain. The injured worker was evaluated on 03/24/2014. It was documented that the injured worker had tenderness to palpation of the right deep gluteal area with radiating pain into the right foot. It was noted that the injured worker underwent a CT scan of the lumbar spine on 12/26/2013 that documented a well-healed fusion. The injured worker's diagnoses included lumbar strain, L5-S1 grade I spondylolisthesis with disc herniation, status post right L5-S1 transforaminal lumbar interbody fusion, right piriformis syndrome, and symptomatic hardware. A request was made for L5-S1 hardware removal with exploration of the fusion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Removal of L5-S1 Posterior Instrumentation:** 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 Removal.

**Decision rationale:** The requested removal of L5-S1 posterior instrumentation is not medically necessary and appropriate. The clinical documentation submitted for review does indicate that the injured worker has persistent pain complaints, and a positive response to a hardware block. The clinical documentation does include imaging studies that rule out nonunion of a pain generator. However, the clinical documentation submitted for review does not adequately address other pain generators such as infection. Official Disability Guidelines do not recommend the routine removal of hardware unless all pain generators such as infection and nonunion have been ruled out. Therefore, removal of hardware would not be indicated in this clinical situation. As such, the requested removal of the L5-S1 posterior instrumentation is not medically necessary or appropriate.

**1 day inpatient day:** 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.

**Assistant Surgeon:** 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.

**Laboratory:** 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.

**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.

**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.