

<b>Case Number:</b>	CM14-0052355		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	10/07/2003
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	03/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2014

### 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:

This is a 54-year-old female who sustained a vocational injury on 10/07/03. The claimant is noted to be status post an anterior lumbar fusion L4-S1 and posterolateral fusion L4-S1 05/22/08, lumbar hardware removal and exploration of fusion from February of 2010, and a transforaminal lumbar interbody fusion L3-4 with instrumentation and iliac crest bone graft of 03/22/12 followed by hardware removal and exploration of the fusion on 6/03/14. The request for this review appears to be a retrospective request for the hardware removal and exploration of the lumbar L3-4 levels. The office note on 02/03/14, prior to surgery for hardware removal and exploration of the fusion, documented that the claimant had continuous severe back pain with intermittent radiation into her legs that did not respond to multiple lumbar facet nerve blocks. On exam, she had moderate tenderness on the low back region. Strength was noted to be 5/5 of the lower extremities. X-rays showed stable position of the hardware and interbody graft at the L3-4 level, and CT scan from 02/18/14 showed extensive postop changes of the posterior and anterior lumbar fusion at L3-S1 with extensive metal streak artifact from the surgical hardware limiting the evaluation. Her surgical hardware was noted to be intact with no evidence of fracture or loosening and no significant central canal stenosis or neuroforaminal narrowing at the diffuse segments. Mild degenerative changes at the L2-3 and mild central canal narrowing causing mild central canal stenosis are noted, but there was no significant neuroforaminal narrowing and benign vertebral body hemangiomas at T12-L2. On the next office visit dated 03/10/14, it was documented that the claimant had severe throbbing back pain. The examination was essentially unchanged from the 02/03/14 visit with the exception that extension was noted to cause severe pain. Reflexes were diminished at the bilateral patellar region. The claimant was found to have trigger points on exam, and those were noted to be injected. Most recent office note available for review was the 06/16/14 postop visit noting that her usual pain had increased

substantially since her recent surgery. The claimant had been seen by pain management specialists, and prescribed MSIR, but it would not be available for one week. On exam, her incision was healing very well, and there were no signs of infection. Radiographs were taken that showed no signs of instability.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Hardware removal and exploration Lumbar 3-4: 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.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back chapter: Hardware implant removal (fixation).

**Decision rationale:** California ACOEM Guidelines and supported by the Official Disability Guidelines would not recommend the retrospective request for hardware removal and exploration at the L3-4 level as medically necessary. Currently, the Official Disability Guidelines note that the routine removal of 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 documentation presented for review does not contain any abnormal physical exam objective findings or diagnostic studies which confirmed that the claimant's previously implanted hardware showed pathology with 100 percent certainty would be the cause of the claimant's ongoing subjective complaints. There is no documentation that a hardware block was performed preoperatively which would be recommended as both a diagnostic and therapeutic intervention to confirm that hardware removal may in fact be both a short term and long term success with regards to prognosis. Therefore, based on the documentation presented for review and in accordance with California ACOEM and Official Disability Guidelines, the request for the hardware removal and exploration at the L3-4 level would not be considered medically necessary.

#### **Lumbar brace: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back chapter: Lumbar supports.

**Decision rationale:** California ACOEM Guidelines note that lumbar supports have not shown to have any lasting effect beyond the acute phase of symptom relief. Official Disability Guidelines note that lumbar supports may be considered as an option for compression fractures and specific treatment of spondylolisthesis, documented instability and consideration in nonspecific low back pain; however, there is very low-quality evidence to support this criteria. Back braces may also

be considered in the acute postoperative setting following fusion. Currently, the claimant does not meet criteria set forth by Official Disability Guidelines and California ACOEM Guidelines that only note that lumbar supports may be effective in treating acute symptoms which does appear to be the case in this claimant's chronic ongoing complaints of low back pain. Therefore, based on the documentation presented for review and in accordance with California ACOEM and Official Disability Guidelines, the request for a lumbar brace cannot be considered medically necessary.

**Preoperative clearance:** 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.