

<b>Case Number:</b>	CM14-0052461		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	04/08/2009
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	03/31/2014
<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 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 34-year-old gentleman who was reportedly injured on April 8, 2009. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated November 12, 2013, indicated that there were ongoing complaints of low back pain. The physical examination demonstrated a normal lower extremity neurological examination. Diagnostic imaging studies of the lumbar spine revealed a fusion with hardware present at L4-L5, multilevel degenerative disc disease, and a 7 mm bone fragment along the posterior margin of the thecal sac at L4-L5. There was a normal lower extremity nerve conduction study. Previous treatment included a lumbar spine fusion surgery. A request was made for hardware removal of L4-L5 and exploration and fusion with possible fusion revision and was not certified in the pre-authorization process on March 31, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Removal of hardware L4-5, exploration of fusion with possible revision fusion at L4-5:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305. Decision based on Non-MTUS Citation The Official Disability Guidelines ([http://odg-twc.com/odgtwc/low\\_back.htm](http://odg-twc.com/odgtwc/low_back.htm)).

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

**Decision rationale:** According to the medical record, the injured employee has a solid fusion at the L4-L5 level without any apparent hardware issues. Additionally, there are no concerns regarding symptomatic hardware on physical examination. Considering this, it is unclear why the hardware removal and exploration and revision fusion is considered. This request for the removal of hardware at L4-L5, exploration and fusion with possible revision fusion at L4-L5 is not medically necessary.