

<b>Case Number:</b>	CM14-0053481		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	06/08/2004
<b>Decision Date:</b>	08/13/2014	<b>UR Denial Date:</b>	03/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/22/2014

### 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 Surgeon and is licensed to practice in Georgia and 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 45-year-old male who reported an injury on 06/08/2004 due to an unknown mechanism of injury. The injured worker reportedly sustained an injury to his low back and ultimately underwent fusion surgery from the L3 to the S1. The injured worker was evaluated on 09/25/2013. It was documented that the injured worker had low back pain and painful range of motion with tenderness to palpation over the hardware. The injured worker's diagnoses included chronic low back pain that was considered improving and left shoulder pain status post lumbar fusion. It was noted that the requesting provider was awaiting authorization of a hardware blockade. The request was made for hardware removal. However, no justification for the request was provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Removal of hardware lumbar spine:** 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:** The requested removal of hardware of the lumbar spine is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does not address this request. Official Disability Guidelines do not recommend the routine removal of hardware in the absence of persistent pain complaints when all other pain generators have been ruled out. The clinical documentation submitted for review does indicate that in 09/2013, the patient had tenderness to palpation over the hardware; however, there is no documentation that other pain generators such as infection or nonfusion have been ruled out. It was noted in the chart note from 09/2013 that a hardware blockade was pending approval. The outcome of this diagnostic injection was not provided to support the need for hardware removal. As such, the requested removal of hardware of the lumbar spine is not medically necessary or appropriate.