

Case Number:	CM14-0058883		
Date Assigned:	07/09/2014	Date of Injury:	03/16/1997
Decision Date:	08/21/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/29/2014

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:

The claimant is a 57-year-old with reported industrial injury 3/16/97. The claimant is status post three lumbar surgeries on 8/99, 10/00 and 3/01. Chronic L4 radiculitis is noted on electromyography/nerve conduction velocity (EMG/NCV) testing from 5/24/05. Computerized tomography (CT) scan lumbar spine from 2/25/14 demonstrates postoperative changes of the lumbar spine from L4-S1 laminectomy and fusion. Exam note from 3/18/14 demonstrates low back and right lower extremity pain. There were no physical examination or prior injection around hardware is noted in submitted records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar surgery to include revision of hardware: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fusion (spinal) and Hardware implant removal (fixation).

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, Hardware Implant Removal.

Decision rationale: CA MTUS/ACOEM is silent on the issue of hardware removal. Per the Official Disability Guidelines (ODG), Low Back, Hardware Implant Removal, hardware removal is not recommended. It states, not recommended the routine removal of hardware fixation exception in a case of broken hardware or persistent pain after ruling out other causes of pain such as infection or nonunion. The ODG goes on to state that hardware injection is recommended for diagnostic evaluation of failed back syndrome. If steroid anesthetic block eliminates pain at the level of the hardware, surgeon may then decide to remove hardware. In this case there is no evidence of symptomatic broken hardware or nonunion to support removal. In addition, there is no evidence of diagnostic block in the records from 3/18/14 to support hardware removal. The CT scan from 2/25/14 does not demonstrate loose hardware. Therefore, the determination is not medically necessary.