

<b>Case Number:</b>	CM14-0068202		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	03/17/2011
<b>Decision Date:</b>	08/21/2014	<b>UR Denial Date:</b>	04/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2014

### 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, has a subspecialty in Spinal 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 43-year-old male with an industrial injury dated 03/17/11. The patient is status post a decompression and fusion of L4-5, and at L5-S1. Patient continued to have back pain and proceeded with a decompression and fusion at L3, and L4. Exam note 03/18/14 states the patient returns to the office with low back, bilateral buttock and leg pain. Exam demonstrates that the patient has developed stenosis to adjacent level L2-3. The computerized axial tomography (CAT) scan illustrates that the patient has a 7mm herniated disc at L2-3 with stenosis. Physical exam shows that the patient has spasms and walks with a cane. He has positive straight leg raising and diminished patellar reflexes. In addition, the patient has numbness and tingling at L2-3, and L3-4. Treatment plan includes removal of the hardware, exploration of fusion mass L3-4, with possible augmentation with allograft; with decompression and fusion at L2-3.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Removal of hardware, exploration of fusion, instrumentation, bone graft:** 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), Low Back Chapter, Hardware Implant 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, 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 records do not demonstrate a nonunion, or pseudarthrosis. Therefore, the determination is not medically necessary.