MAXIMUS Federal Services

Case Number:	CM14-0082897		
Date Assigned:	07/23/2014	Date of Injury:	08/04/2010
Decision Date:	08/27/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/04/2014

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 records presented for review indicate that this 45 year-old female was reportedly injured on 8/1/2010. The mechanism of injury is noted as a slip. The most recent progress note, dated 7/11/2014, indicates that there are ongoing complaints of chronic low back pain and radiating pain to the right lower extremity. The physical examination demonstrated lumbar spine: positive tenderness of the rights lumbosacral region, upper buttock and tenderness over the right L5-S1 hardware. Little bit of localized swelling in the region. Range of motion Limited. Positive Patrick's test, Faber's test, Gaenslens test. Positive pain with pelvic compression. Decreased sensation right lower extremity. No recent diagnostic studies are available for review. Previous treatment includes previous surgery, physical therapy, and medications. A request had been made for removal of hardware at L5-S1, cold compression unit, and was not certified in the pre-authorization process on 5/22/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Removal L5-S1 hardware: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guideline.

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 - Lumbar & Thoracic (Acute & Chronic). Hardware removal. Updated 7/3/2014.

Decision rationale: Hardware removal is not recommended, the routine removal of hardware implanted for fixation, except in the case of broken hardware or persistent pain, after ruling out other causes of pain such as infection and nonunion. Not recommended solely to protect against allergy, carcinogenesis, or metal detection. Although hardware removal is commonly done, it should not be considered a routine procedure. The decision to remove hardware has significant economic implications, including the costs of the procedure as well as possible work time lost for postoperative recovery, and implant removal may be challenging and lead to complications, such as neurovascular injury, re fracture, or recurrence of deformity. The routine removal of orthopedic fixation devices after healing remains an issue of debate, but implant removal in symptomatic patients is rated to be moderately effective. Many surgeons refuse a routine implant removal policy, and do not believe in clinically significant adverse effects of retained metal implants. After reviewing the medical documentation provided it is noted the patient does have some tenderness to palpation along incision site and hardware at L5-S1. However no other red flags or significant symptoms were present. Therefore this request is deemed not medically necessary.

Vascutherm cold compression unit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

Decision rationale: Cryotherapy is recommended for select treatments of surgical patients. Pain relief with cold therapy for the first several post-operative days with duration commensurate with extent of surgery. Some devices may be helpful for select patients, particularly if they are unable or unwilling to tolerate other measures to manage pain. Since the above surgical procedure is not approved at this time, there is no need for this device. Therefore this request is deemed not medically necessary.