

Case Number:	CM14-0089203		
Date Assigned:	07/23/2014	Date of Injury:	09/30/2010
Decision Date:	09/22/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/13/2014

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 Orthopedics Surgery, has a subspecialty in Spine 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 56-year-old female who reported injury on 09/30/2010. The specific mechanism of injury was not provided. The diagnostic studies were noted to include x-rays of the lumbar spine on 01/30/2014, which revealed anterior and posterior L4-5 and L5-S1 fixation with a solid posterolateral and interbody arthrodesis. The medications were noted to include tramadol 50 mg and gabapentin 100 mg. The other treatments were not provided. The surgical history revealed an anterior and posterior L4-5 and L5-S1 fixation. The documentation for the request was undated. The subjective complaints were noted to include a continuation of low back pain. The documentation indicated the injured worker was considering a removal of spinal instrumentation to decrease her low back pain. The physical examination revealed a well healed incision at L5-S1 with positive tenderness to palpation in the right peri-incisional region. The lumbar range of motion was decreased. The subsequent documentation of 04/01/2014, revealed the injured worker did not wish to pursue surgery at this time. There was no Request for Authorization submitted for review. The diagnoses included lumbar/lumbosacral degenerative disc disease and spondylolisthesis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Removal of Posterior Spinal Hardware at L4-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter.

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 implant removal (fixation).

Decision rationale: The Official Disability Guidelines indicate that routine removal of hardware implanted for fixation, except in the cases of broken hardware or persistent pain is not recommended. It is, however, recommended after ruling out other causes of pain such as infection and nonunion. The clinical documentation submitted for review indicated the injured worker had low back pain. The injured worker had an x-ray on 01/30/20/14, which revealed the fixation with the levels of L4-5 and L5-S1 had positive fixation with solid posterolateral and interbody arthrodesis. There was a lack of documentation indicating the injured worker had infection or nonunion. Additionally, the subsequent documentation indicated the injured worker did not wish to undergo surgical intervention. Given the above, the request for removal of posterior spinal hardware at L4-S1 is not medically necessary.

Inpatient stay 2 days: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.