

Case Number:	CM14-0190923		
Date Assigned:	11/24/2014	Date of Injury:	06/24/1998
Decision Date:	01/09/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	11/17/2014

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 Fellowship Trained Spine Surgeon and is licensed to practice in New Jersey. 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 65-year-old male who reported injury on 06/24/1998. The mechanism of injury was due to lifting a heavy sheet of aluminum with a coworker who then lost grip, and the aluminum sheet fell on the injured worker's lap. The injured worker has diagnoses of cervical spondylosis with possible superimposed peripheral compression neuropathy, cervical spine status post anterior cervical discectomy and fusion, status post hardware removal of the cervical spine, lumbar spine posterior fusion, probable failed back syndrome, lumbar spine disc protrusion, bilateral L4-5 radiculopathy, lumbar spine status post removal of hardware, lumbar spine status post decompression at L3-4 and revision fusion, and lumbar spine post op changes L3-5 laminectomies. Past medical treatment consists of surgery, physical therapy, the use of a back brace, the use of a walker/cane, facet block injections, and medication therapy. On 11/12/2013, the injured worker underwent a magnetic resonance imaging (MRI) of the lumbar spine, which had evidence of previous laminectomy at L3-S1 and anterior interbody fusion at L4-S1. Interbody cage was in good position. There is desiccation of the intervertebral discs at L3-4 and L2-3; considerable artifact representing bony or metal fragments in the soft tissue posteriorly from L3-S1 with no spinal stenosis or foraminal narrowing. The pedicle screws at L4-5 were in good positions. On 11/12/2014, the injured worker complained of low back pain. The physical examination of the lumbar spine demonstrated painful and limited range of motion with extension maneuvers. There was tenderness to palpation present over the surgical scar and mid line lumbar spine. The medical treatment plan was for the injured worker to undergo hardware removal in the lumbar spine. The rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 lumbar spine surgery - redo L5-S1 ALIF side approach partial corpectomy with cage and instrumentation, L3-4 XLIF with cage and instrumentation, revision of posterior spinal instrumentation and fusion with removal of hardware L4-S1 and nonsegmental instrumentation at L3-4, with PLIF at L3-4: 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: 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 (fixation).

Decision rationale: The request for lumbar spine surgery for hardware removal is not medically necessary. According to the ODG, hardware implant removal is not recommended for fixation, except in the case of broken hardware or persistent pain, after ruling out other causes of pain such as infection and nonunion. It is 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 cost of the procedure, as well as possible work time loss for postoperative recovery, and implant removal may be challenging and lead to complications, such as neurovascular injury, refracture, or recurrence of deformity. The guidelines also recommend a psychosocial screen before this type of surgery. The guidelines state that, for any potential fusion surgery, it is recommended that patients refrain from smoking for at least 6 weeks prior to surgery and during the period of fusion healing. The documentation dated 11/12/2014 indicated that the injured worker smoked a pack of cigarettes a day. Additionally, there was no indication of the injured worker having undergone a recent psychosocial screening, which is required before this type of surgery. Furthermore, there was no evidence that the injured worker had attempted and failed an appropriate course of conservative treatment in the past 6 months to 12 months. Given that the ODG does not recommend hardware removal, and lack of submitted documentation, the injured worker is not within guideline criteria. As such, the request is not medically necessary.

Associated surgical service: 3-6 day hospital stay: 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: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

Associated surgical service: co-surgeon with [REDACTED]: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Centers for Medicare & Medicaid Services (CMS), Physician fee Schedule Search

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

Decision rationale: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

Associated surgical services: autologous blood donation, #2 units: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Working Group of the Clinical Practice Guideline for the Patient Safety at Surgery Settings. Clinical practice guideline for the patient safety at surgery settings. Quality plan for the National Health System of the Ministry of Health, Social Policy, and Equality. Barcelona (Spain): Agency for Information, Evaluation, and Quality in Health Catalonia (AIAOS); 2010. 191 p.

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

Decision rationale: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.