

<b>Case Number:</b>	CM14-0201252		
<b>Date Assigned:</b>	12/11/2014	<b>Date of Injury:</b>	06/07/2008
<b>Decision Date:</b>	01/30/2015	<b>UR Denial Date:</b>	11/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2014

### 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 Texas. 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 an injury of unspecified mechanism on 06/07/2008. On 10/15/2014, her diagnoses included status post decompression laminectomy and discectomy, L4-5, left, with pedicle screw fixation and TLIF interbody cages, degenerative disc disease with disc protrusion and facet arthropathy at L5-S1, failed lumbar laminectomy, and status post decompression laminectomy and discectomy, L4-5 and L5-S1, with removal of pedicle screw fixation, L4-5, bilateral, posterolateral fusion with pedicle screw fixation L4-5, bilateral, with posterior interbody fusion with implants 03/15/2013. Her complaints included moderate to moderately severe pain of her lumbosacral spine. Her pain radiated into both legs, greater on the left than on the right, with numbness, tingling and paresthesias, plus weakness of the left lower extremity. On 09/29/2014, she had a hardware injection block which gave her 1 week's relief, after which her pain returned to its pre-procedural level. Nerve conduction studies performed on 07/17/2014 were within normal limits. CT scan of the lumbosacral spine on 05/01/2014 revealed status post laminectomy and fusion with metallic surgical screws inserted into the L5 and S1 vertebrae from the posterior aspect, a probable discectomy of the L4-5 and L5-S1 intervertebral discs, but the vertebral bodies were well aligned with no acute abnormalities. X-rays of the lumbar spine on 08/18/2013 revealed a surgical fusion of L4-S1 with bilateral posterior pedicular fixation, lateral osseous fusion, partial posterior laminectomy at L4-5 and replacement intervertebral disc at L4-5 and L5-S1 without radiographic evidence of hardware failure or loosening. Based on the return of her pain after the 09/29/2014 block, it was believed that the retained metal was the primary pain generator and, therefore, she would benefit from the removal of the pedicle screw fixation. A Request for Authorization dated 10/25/2014 was included in this injured worker's chart.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Removal of retained pedicle screw fixation of lumbar spine: Overturned**

**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

**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, Hardware implant removal (fixation), Hardware injection (block).

**Decision rationale:** The request for removal of retained pedicle screw fixation of lumbar spine is medically necessary. The Official Disability Guidelines do not recommend 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. It is not recommended solely to protect against allergy, carcinogens, 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 lost for postoperative recovery, and implant removal may be challenging and lead to complications, such as neurovascular injury, refracture, 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. Though her x-rays showed no evidence of hardware failure or loosening, the hardware injection block did relieve her pain for a 1 week period. The Official Disability Guidelines note that hardware block injections are performed on patients who have undergone a fusion to determine if continued pain is caused by the hardware. If the injections can eliminate pain, the surgeon may decide to remove the patient's hardware. Accordingly, this request for removal of retained pedicle screw fixation of lumbar spine is medically necessary.

### **Associated surgical service: Pre-op clearance: 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

**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, Preoperative testing, general.

**Decision rationale:** The request for associated surgical service: Pre-op clearance is not medically necessary. The Official Disability Guidelines note that preoperative testing is often performed before surgical procedures. These investigations can help to stratify risks, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided

by the patient's clinical history, comorbidities, and physical examination findings. Patients with signs or symptoms of cardiovascular disease should be evaluated with appropriate testing such as electrocardiography. Chest radiography is reasonable for patients at risk of postoperative pulmonary complications. There was no indication that this injured worker had comorbidities to put her at risk. Additionally, there were no preoperative tests identified in the request. Therefore, this request for associated surgical service: Pre-op clearance is not medically necessary.

**Associated surgical service: 1-2 Day inpatient hospital stay:** Overturned

**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

**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, Hospital length of stay (LOS).

**Decision rationale:** The request for associated surgical service: 1-2 Day inpatient hospital stay is medically necessary. The Official Disability Guidelines recommend the median length of stay based on type of surgery or best practice target length of stay for cases with no complications. The hardware removal surgery was authorized. A 1-2 day LOS would be appropriate. Therefore, this request for associated surgical service: 1-2 Day inpatient hospital stay is medically necessary.