

<b>Case Number:</b>	CM14-0205361		
<b>Date Assigned:</b>	12/17/2014	<b>Date of Injury:</b>	04/16/2008
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	11/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/08/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Texas  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 50-year-old male with a reported date of injury of 04/18/2008. The mechanism of injury was not provided. The injured worker has been diagnosed as status post L3-S1 fusion. On 10/28/2014, the injured worker presented with complaints of persistent lower back pain with radiation into the bilateral lower extremities. Upon examination, there was decreased range of motion with 60 degrees forward flexion, 10 degrees extension, tenderness to palpation of the paraspinal muscles, and positive straight leg raise. Treatment recommendations included an appeal request for a hardware removal at L3-4. A Request for Authorization form had been previously submitted on 08/21/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hardware Removal at L3-L4 levels: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Hardware implant removal (fixation)

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation may be indicated for patients who have severe and disabling lower extremity symptoms, activity limitation for more than 1 month, clear clinical, imaging, and electrophysiologic evidence of a lesion, and a failure of conservative treatment. 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. There is no documentation of a recent attempt at any conservative treatment. There were no imaging studies or diagnostic x-rays submitted for this review. Based on the clinical information received, and the above mentioned guidelines, the request is not medically appropriate.

**Associates Surgical Services: Post-Op Physical Therapy 3 times a week for 4 weeks:**  
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.

**Associates Surgical Services: Post-Op DME Cold Therapy Unit and Back Brace;:** 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.

**Associates Surgical Services: Pre-Op Medical Clearance:** 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.