

Case Number:	CM14-0205848		
Date Assigned:	12/17/2014	Date of Injury:	10/05/2007
Decision Date:	04/07/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/09/2014

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: California

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 58-year-old female, who sustained an industrial injury on October 5, 2007. She has reported a back injury. The diagnoses have included status post lumbar fusion, chronic low back pain with radiculopathy. Treatment to date has included lumbar surgery, radiological imaging, epidural steroid injections, and medications. 11/7/14 exam demonstrates that the IW complains of continued back pain, which she reports is worse since the previous visit. She rates her pain as 8/10. Physical findings are noted as tenderness of the lumbar spine at the L4-S1 area. The records indicate a hardware block was performed, however the response is not indicated. On November 24, 2014, Utilization Review non-certified removal of hardware of lumbar spine at L4-S1. The ACOEM and ODG guidelines were cited. On December 5, 2014, the injured worker submitted an application for IMR for review of removal of hardware of lumbar spine at L4-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Removal of Hardware of Lumbar Spine @ 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 (ODG) Low Back.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low back, Hardware removal.

Decision rationale: CA MTUS/ACOEM is silent on the issue of hardware removal. Per the ODG, Low Back, Hardware Implant Removal, hardware removal is not recommended. It states, "not recommended the routine removal of hardware fixation exception in a case of broken hardware or persistent pain after ruling out other causes of pain such as infection or nonunion." The ODG goes on to state that hardware injection is recommended for diagnostic evaluation of failed back syndrome. If steroid anesthetic block eliminates pain at the level of the hardware, surgeon may then decide to remove hardware. In this case there is no evidence of symptomatic broken hardware or nonunion to support removal. In addition there is no evidence of the response to the diagnostic block in the records from 11/7/14 to support hardware removal. The records demonstrate a solid fusion. Therefore the determination is for non-certification.