

Case Number:	CM14-0206697		
Date Assigned:	12/18/2014	Date of Injury:	12/28/1992
Decision Date:	02/25/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	12/10/2014

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:

67 year old female claimant with an industrial injury dated 12/28/92. The patient is status post removal of instrumentation, exploration of fusion, redo decompression L2-3 with right L2-3 neurolysis use of the microscope, L3 pedicle subtraction osteotomy, and T10 to the instrumentation as of 01/20/14. MRI of the thoracic spine dated 06/11/14 demonstrates nonvisualization of the spinal canal below to level of T10 due to hardware, exaggeration of normal thoracic kyphosis, moderate degenerative disc disease at T7, and to lesser extent C5-8, and C6-7 where degenerative end plate narrow signal changes were noted. The patient also had central stenosis and cord indentation at T6-7 and T7-8 present. Exam note 07/08/14 states the patient returns with back pain. The patient explains the pain as moderate to severe in which is radiating to the bilateral thigh with numbness. The patient rates the pain a 4-9/10. Current medications include Toviaz, Levothyroxine, Benzapril-hydrochlorothiazide, Estradlol, Medroxyprogesterone, Zanaflex, Oxycontin, Welbutrin SR, and Xenical. The patient demonstrates an antalgic gait. Treatment includes removal of instrumentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Removal instrumentation, exploration fusion, T7-8 transpedicular decompression, T4-12 instrumentation and fusion: 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), TWC, Low back - Lumbar & Thoracic (Acute & Chronic)

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.

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 diagnostic block in the records from 7/8/14 to support hardware removal with extension of fusion. Therefore, the request is not medically necessary.

Assistant surgeon: 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.

Preoperative evaluation: 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.

Preoperative EKG for 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.

Preoperative chest x-ray: 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.

Preoperative labs: 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.

Post-op x-ray AP/lateral lumbar x-ray: 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.

4 Day inpatient stay: 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.