

Case Number:	CM14-0208625		
Date Assigned:	12/22/2014	Date of Injury:	06/30/1986
Decision Date:	02/19/2015	UR Denial Date:	11/29/2014
Priority:	Standard	Application Received:	12/12/2014

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: Georgia, South Carolina
 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 54-year-old male who reported an injury on 07/17/2013. The mechanism of injury was not provided. On 10/29/2014, the injured worker presented significant pain and weakness in the right hip. He also persisted hardware related pain over the top of the right implants. He stated that pain is increased in cold weather and when lying flat for prolonged periods of time. There is intermittent pain in the low back that is aggravated by bending, lifting, twisting, pushing, pulling, and prolonged sitting or standing and walking multiple blocks. Examination of the lower spine revealed hardware related pain over the top of palpable hardware. There was no radiculopathy or evidence of instability on examination. There was full circulation noted to the lower extremities. There was intact sensation and normal strength. Internal rotation and external rotation do reproduce symptomatology for the patient. Diagnoses were status post L2-S1 posterior lumbar interbody fusion and internal derangement of the bilateral hips. The provider recommended an L2-S1 removal of lumbar spinal hardware with inspection of fusion, mass, nerve root exploration and possible regrafting of pedicle screw holes. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 L2 through S1 removal of lumbar spinal hardware with inspection of fusion, mass, nerve root exploration and possible re-grafting of pedicle screw holes: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 288. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back- Lumbar & Thoracic (Acute and Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Hardware Implant Removal (Fixation)

Decision rationale: The request for 1 L2 through S1 removal of lumbar spinal hardware with inspection of fusion, mass, nerve root exploration and possible re-grafting of pedicle screw holes is medically necessary. The Official Disability Guidelines (ODG), state that hardware implants is not recommended. The routine removal of hardware implantation for fixation is not recommended except in cases of broken hardware or persistent pain, after ruling out causes of pain such as infection or nonunion. It is not recommended solely to protect against allergy, carcinogenesis or metal detection. The patient has been having pain over the top of the hardware. The provider injected the patient with lidocaine, Celestone, Marcaine over the hardware region to provide a lumbar spinal hardware block. The injured worker responded favorably to this treatment and had immediate significant relief of pain. The provider's procedure confirmed that the implant is the pain generator. As such, this request is medically necessary.

2-3 days inpatient 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)

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, Hospital Length of Stay

Decision rationale: As the requested surgical intervention is medically necessary, a 2 to 3 day inpatient stay would be indicated. The Official Disability Guidelines (ODG) recommends a median length of stay based on the type of surgery. The guidelines recommend a median stay of 3 days. As such, this request is medically necessary.

1 medical clearance with an internist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Surgery General Information and Ground Rules and Non-MTUS California Official Medical Fee Schedule, 1999 edition, pages 92-93.

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, Office Visit.

Decision rationale: The request for a medical clearance with an internist is not medically necessary. The Official Disability Guidelines (ODG) recommends medical office visits for proper diagnosis and return to function of an injured worker. A need for an office visit or a medical clearance with an internist is individualized based upon a review of the patients concerns, signs and symptoms, clinical stability and reasonable physician judgment. As patient concerns are extremely varied a set number of visits per condition cannot be reasonably established. Determination for necessity requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the healthcare system through self-care, as soon as feasibly possible. The injured worker does not have any signs and symptoms or comorbid conditions to warrant a medical clearance. As such, this request is not medically necessary.

1 assistant surgeon: Overturned

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

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, Surgical Assistant.

Decision rationale: The Official Disability Guidelines (ODG) recommends surgical assistants as an option in more complex surgeries. An assistant surgeon actively assists the physician performing a surgical procedure. As the surgical intervention is medically necessary, the request for a surgical assistant is indicated.