

Case Number:	CM15-0103650		
Date Assigned:	06/08/2015	Date of Injury:	09/26/2011
Decision Date:	07/10/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	06/01/2015

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: Illinois, California, 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 49-year-old male who sustained an industrial injury on 9/26/11. Injury was reported due to effects of heavy work. Past surgical history was positive for L5/S1 anterior and posterior fusion on 1/30/13 and a L4 laminectomy and L3-L5 laminotomy on 2/23/13. The 2/19/14 lumbar spine CT scan was reviewed by the agreed medical examiner on 12/5/14. On the transaxial views, the pedicle screw on the right at L5/S1 appeared to be in relative good position. The pedicle on the left transgressed the inferomedial cortex of the pedicle such that it could possibly compromise the exiting left L5 nerve root. On the sagittal views, the pedicle on the left at L5 was not seen to be compromising the exiting L5 nerve root at L5/S1. The 4/23/15 orthopedic surgeon report cited low back and bilateral leg pain, left more than right. The injured worker reported that the L4/5 fusion did help the back pain but the leg pain was worse, especially with numbness and tingling in the left leg. He was quite uncomfortable. Physical exam documented significant 4/5 left plantar flexion and dorsiflexion weakness, and decreased left L5 and S1 sensation. Nerve conduction study showed pathology at the left L5 and S1 distribution. The CT scan of the lumbar spine showed that the L5 screw was slightly breeched medially. The orthopedic surgeon felt the hardware was most likely impinging the L5 nerve root, consistent with the history of worsening after surgery. The fusion was solid and removal of hardware was recommended. The 5/18/15 utilization review non-certified the request for lumbar spine hardware removal and associated follow-up visit as there was no documentation of a imaging report demonstrating failure of hardware fusion, evidence of mechanical impingement of hardware on adjacent anatomic structures, or a diagnostic hardware injection test.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow up, post operative visit: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Office visits.

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 ½ Lumbar & Thoracic: Office visits.

Decision rationale: The California MTUS does not specifically address office follow-up visits. The Official Disability Guidelines recommend evaluation and management office visits as determined to be medically necessary. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. Guideline criteria have been met. Routine follow-up orthopedic office visits during the post-operative period are consistent with guidelines. Therefore, this request is medically necessary.

Hardware removal, 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: Low Back.

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 ½ Lumbar & Thoracic: Hardware implant removal (fixation).

Decision rationale: The California MTUS does not provide recommendations relative to lumbar hardware removal. 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. Hardware removal is not recommended solely to protect against allergy, carcinogenesis, or metal detection. Although hardware removal is commonly done, it should not be considered a routine procedure. Guideline criteria have been met. This injured worker presents with low back and worsening left lower extremity pain with numbness and tingling in the L5 and S1 distribution. Clinical exam findings are consistent with impingement of the L5 and S1 nerve roots. There is reported imaging evidence that the L5 screw on the left was compromising the exiting L5 nerve root. Given these indications, hardware removal is consistent with guidelines. Therefore, this request is medically necessary.