

Case Number:	CM15-0019056		
Date Assigned:	02/06/2015	Date of Injury:	03/05/2001
Decision Date:	04/07/2015	UR Denial Date:	01/02/2015
Priority:	Standard	Application Received:	02/02/2015

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: 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 49 year old female patient, who sustained an industrial injury on 03/05/2001. A follow up visit dated 12/05/2014 reported objective findings showed the patient with decreased sensation at L4, L5 and S1. There is a positive straight leg raise in the bilateral lower extremities. Radiographic study of lumbar spine 06/24/2014 showed a solid fusion with implants in place. A magnetic resonance imaging study recently done showed no major pathology except some slight lateral recess stenosis at L3-4 level. The patient is still with subjective complaint of severe pain in the lower back and the leg. The patient is requesting the removal of hardware. A request for the following services was made on 12/19/2014; hardware removal possible laminectomy at L4-5, L5-S1; four inpatient hospital days; assistant surgeon; and a medical clearance office visit. On 01/02/2015 Utilization Review non-certified the request, noting the CA MTUS/ACOEM Chapter 12, Surgical Considerations was cited. The injured worker submitted an application for independent medical review of the services requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hardware removal possible laminectomy at L4-5, L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): SURGICAL CONSIDERATIONS.

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 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 12/5/14 to support hardware removal. The records demonstrate a solid fusion. Therefore the determination is for non-certification.

ASSOCIATED SURGICAL SERVICES: Four day inpatient hospital 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.

ASSOCIATED SURGICAL SERVICES: 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.

ASSOCIATED SURGICAL SERVICES: 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.