

<b>Case Number:</b>	CM15-0130847		
<b>Date Assigned:</b>	07/17/2015	<b>Date of Injury:</b>	12/11/2010
<b>Decision Date:</b>	08/19/2015	<b>UR Denial Date:</b>	06/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2015

### 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: New York  
 Certification(s)/Specialty: Neurological 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 (IW) is a 37-year-old male who sustained an industrial injury on 12/11/2010. He reported falling through a roof and landing on his tailbone. The injured worker was diagnosed as having a T 7-9 compression fracture. Treatment to date has included a posterior T 7-9 fusion (05/27/2014), physical therapy post op, transcutaneous electrical nerve stimulation (TENS) unit, a trial of an H-Wave unit, a spinal cord stimulator, and home physical therapy. At 9 month status post T 7-9 fusion, he has complained of new onset severe pain radiating around his chest and below the xiphoid process. The pain is debilitating and requiring morphine. He has minimal tenderness over the area of his thoracic hardware and considerable dysesthesias into the front of the lower rib cage to the area below the xiphoid process. There is no redness or swelling or fluctuance, and no rebound or guarding. Review of his CT scans show a solid fusion with no loosening of hardware, malpositioning or residual stenosis. His diagnoses are now displacement of lumbar intervertebral disc without myelopathy, and displacement of thoracic intervertebral disc without myelopathy. Requests for authorization were made for the following: 1. Inpatient hardware removal, revision of posterior spinal fusion T3-T11 with instrumentation, and bone morphogenic protein (BMP). 2. Associated surgical service: Assistant surgeon. 3. Associated surgical service: Hospital length of stay for 5 days. 4. Associated surgical service: Outpatient pre-op clearance.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Inpatient hardware removal, revision of posterior spinal fusion T3-T11 with instrumentation, and bone morphogenic protein (BMP): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.odg-disability.com/odgtwclist.htm>.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Spinal fusion chapter-Hardware removal.

**Decision rationale:** The injured worker (IW) is a 37-year-old male who sustained an industrial injury on 12/11/2010. He reported falling through a roof and landing on his tailbone. The injured worker was diagnosed as having a T 7-9 compression fracture. Treatment to date has included a posterior T 7-9 fusion (05/27/2014), physical therapy post op, transcutaneous electrical nerve stimulation (TENS) unit, a trial of an H-Wave unit, a spinal cord stimulator, and home physical therapy. At 9-month status post T 7-9 fusion, he has complained of new onset severe pain radiating around his chest and below the xiphoid process. The pain is debilitating and requiring morphine. He has minimal tenderness over the area of his thoracic hardware and considerable dysesthesias into the front of the lower rib cage to the area below the xiphoid process. There is no redness or swelling or fluctuance, and no rebound or guarding. Review of his CT scans show a solid fusion with no loosening of hardware, malpositioning or residual stenosis. His diagnoses are now displacement of lumbar intervertebral disc without myelopathy, and displacement of thoracic intervertebral disc without myelopathy. Requests for authorization were made for the following: 1. Inpatient hardware removal, revision of posterior spinal fusion T3-T11 with instrumentation, and bone morphogenic protein (BMP). 2. Associated surgical service: Assistant surgeon. 3. Associated surgical service: Hospital length of stay for 5 days. 4. Associated surgical service: Outpatient pre-op clearance.

**Associated surgical service: 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 service: Hospital length of stay for 5 days: 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.

**Outpatient pre-op 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.