

Case Number:	CM15-0132346		
Date Assigned:	07/20/2015	Date of Injury:	12/08/2009
Decision Date:	08/14/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/08/2015

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:

This injured worker is a 49-year-old female who sustained an industrial injury on 12/08/09. The mechanism of injury was not documented. Past surgical history was positive for L5/S1 anterior and posterior lumbar interbody fusion in 2012. Conservative treatment included medications, physical therapy, nerve blocks, epidural injections, and sacroiliac blocks. The 7/21/14 lumbar spine CT scan impression documented a 3 mm circumferential disc bulge at L3/4 and L4/5 with mild foraminal compromise. There was posterolateral lumbar fusion noted at L5/S1 level with intervertebral spacer. No displacement or break in the hardware was detected. There was L5/S1 level showed a 2 mm posterior disc bulge with mild foraminal compromise with no evidence of gross central canal stenosis. The 3/24/25 pain management report documented at least 50% improvement with selective nerve root block at L5/S1. Physical exam documented severe great toe dorsiflexion and plantar flexion weakness, intact reflex left of midline, and no loss of sensation at L5/S1. There was no indication from the neurograms performed that the hardware was obstructing either the S1 or L5 nerve roots at all. The 5/27/15 treating physician report cited continued severe pain into the sacroiliac joint and both buttocks. She had undergone extensive amounts of physical therapy. Epidural steroid injection helped with residual leg pain, and sacroiliac blocks had been modestly effective. CT scan had been done and suggested a solid fusion. Physical exam documented a negative FABER test, 5/5 lower extremity strength, and hypoactive but symmetric deep tendon reflexes. Lumbar flexion was tolerated to 40 degrees and extension to neutral. The injured worker had sacroiliac type complaints status post L5/S1 fusion. Options included hardware removal which would eliminate possible micro-motion at the interface between the bone and screws. Clinically, there had been many reports that suggest clinical improvement following hardware extraction. Authorization was requested for L5/S1 hardware removal and one night stay. The 6/22/15 utilization review non-certified the L5/S1 hardware removal and one night inpatient stay as there was no clinical evidence that the injured

workers back pain was related to the hardware, and there was no positive diagnostic hardware injection block.

IMR ISSUES, DECISIONS AND RATIONALES

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

L5-S1 Hardware Removal: 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), Low Back, Hardware implant removal (fixation).

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 injection (block); 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. The Official Disability Guidelines recommend the use of a hardware injection (block) for diagnostic evaluation in patients who have undergone a fusion with hardware to determine if continued pain was caused by the hardware. If the steroid/anesthetic medication can eliminate the pain by reducing the swelling and inflammation near the hardware, the surgeon may decide to remove the patient's hardware. Guideline criteria have not been met. This injured worker presents status post L5/S1 anterior and posterior lumbar interbody fusion with persistent bilateral buttocks pain. Benefit has been noted with epidural steroid injection and sacroiliac block. There was no radiographic evidence of hardware failure. There were no clinical exam findings that evidence hardware-generated pain. There was no evidence of a positive diagnostic hardware injection. Therefore, this request is not medically necessary at this time.

Associated surgical service: One night stay: Upheld

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 ½ Lumbar & Thoracic: Hospital length of stay (LOS).

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.