

Case Number:	CM15-0147133		
Date Assigned:	08/10/2015	Date of Injury:	08/04/2012
Decision Date:	09/04/2015	UR Denial Date:	07/17/2015
Priority:	Standard	Application Received:	07/29/2015

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 47-year-old female who sustained an industrial injury on 8/14/12. The injured worker is status post L4-5 interbody fusion in March 2013. The 5/27/15 lumbar spine MRI revealed no significant central canal stenosis, several small lower sacral Tarlov cysts, and L4/5 pedicle screws with mild surrounding artifact. The 6/24/15 treating physician report cited significant back pain radiating down left-sided leg pain, which had not improved with surgery. Pain was worse with standing and walking. She had tried physical therapy and chronic pain program. Physical exam documented a mild left sided limp, localized tenderness more so on the left, and decreased range of motion due to pain. There was some weakness of the left foot, 3/5 right extensor hallucis longus weakness, and decreased L5 dermatomal sensation. X-rays showed the lumbar fusion was solid and hardware was in place with no signs of loosening. The injured worker wanted the hardware removed, and the treating physician agreed that that might improve her symptoms. Authorization was requested for removal of hardware L4/5. The 7/17/15 utilization review non-certified the request for hardware removal at L4/5 as the submitted documentation did not evidence any signs of infection, non-union, broken hardware or persistent pain secondary to hardware. The 7/22/15 treating physician report cited the utilization review denial of the hardware removal. The injured worker had continued chronic back pain, unresponsive to conservative care. A hardware injection was requested to see if her pain improved.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hardware removal L4-5: 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-TWC), Low Back - Lumbar & Thoracic (Acute & Chronic), 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 - 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. 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 with persistent low back pain radiating to the left leg. She is status post L4/5 interbody fusion with posterior fixation. Clinical exam documented localized tenderness in addition to motor and sensory deficits. X-rays showed solid fusion with no evidence of hardware loosening or failure. There are no clinical signs suggestive of infection. However, there is no documentation of a positive hardware block to determine if continued pain was caused by the hardware and would be improved with removal. Therefore, this request is not medically necessary at this time.