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| <b>Case Number:</b>   | CM15-0182946 |                              |            |
| <b>Date Assigned:</b> | 09/23/2015   | <b>Date of Injury:</b>       | 11/01/1998 |
| <b>Decision Date:</b> | 10/29/2015   | <b>UR Denial Date:</b>       | 09/08/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/17/2015 |

### 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: North Carolina

Certification(s)/Specialty: Family Practice

### 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 63-year-old female who sustained an industrial injury on 11-01-1998. According to a progress report dated 05-11-2015, the injured worker presented with left-sided buttock pain. She had an anterior posterior fusion in 2002 and had an EBI bone stimulator in place and history of left iliac crease pain. She presented with chronic pain mainly in the left buttock area that was rated 4-8 in intensity on a scale of 1-10. Pain was worse with lying down and better with standing. Past medical history included depression and a cardiac history with hypertension. Surgery included a right shoulder repair, low back anterior poster fusion with EBI stimulator left iliac crest. Medications included Soma, Percocet, Topamax, Dyazide, Pradaxa, Digoxin, Simvastatin, Furosemide, Cymbalta, Klor Con and Vitamin B-12. Social history included smoking one pack a day. Examination of the lumbar spine demonstrated posterior incision well healed loss of lumbar lordosis, mild tenderness and restricted motion and left iliac crest tenderness over the buttock region. MRI study from 2015 confirmed stable appearing L3-4 and L4-5 interbody fusion degenerative changes at L2-3. Impression included post lumbar spine surgical syndrome status post L3-4, L4-5 fusion with progressive degenerative changes L2-3, deep retained EBI left iliac crest painful, depression, chronic pain, hypertension and cardiac history on Pradaxa. Risks and benefits of removal of the EBI stimulator left iliac crease were discussed. The injured worker wished to proceed. On 09-08-2015, Utilization Review non-certified the request for removal of EBI stimulator.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Removal EBI stimulator:** 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.

**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, hardware removal.

**Decision rationale:** The California MTUS and the ACOEM do not specifically address the requested service. The ODG states that low back hardware removal is only indicated for persistent pain when other etiologies have been ruled out or if the hardware itself is broken. There is no indication of broken hardware or that the hardware is causing persistent pain. Therefore, the request is not medically necessary.