

Case Number:	CM15-0183945		
Date Assigned:	09/24/2015	Date of Injury:	02/16/2010
Decision Date:	12/01/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/18/2015

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, Indiana, Oregon
 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 42 year old male, who sustained an industrial injury on 2-16-2010. The medical records submitted for this review did not include the details regarding the initial injury. Diagnoses include lumbago, lumbar disc disorder with myelopathy, radiculitis, and degenerative disc disease, neurogenic bladder secondary to lumbar injury, and postlaminectomy syndrome, status post lumbar fusion. Treatments to date include activity modification, medication therapy, physical therapy, home exercise, and psychotherapy. Currently, he complained of increased pain in the back with radiation to bilateral lower extremities. Pain was rated 10 out of 10 VAS without medication and 1 out of 10 VAS with medication. The medications were noted to increased mobility and tolerance for activities of daily life. On 7-24-15, the physical examination documented the gait was antalgic and weak, with muscle spasm noted on the right lumbar area, decreased right lower extremity strength, and decreased sensation bilaterally. On 8-25-15, he was evaluated by the orthopedic surgeon. He continued to complain of low back pain and difficulty standing for any length of time. The physical examination documented tenderness in lumbar spine and sacral notches. The post-operative EMG and nerve conduction study of lower extremities was noted as normal. The radiographic imaging confirmed a solid fusion with hardware in good position. The provider documented "I don't think there is more than 25% chance that removing the hardware is going to change much of his back symptomatology." The plan of care included hardware removal and associated services. The appeal requested authorization for hardware removal, pre-operative EKG, Chest x-ray, laboratory evaluation and one overnight stay. The Utilization Review dated 8-27-15, denied the request as not medically necessary per Official Disability Guidelines (ODG).

IMR ISSUES, DECISIONS AND RATIONALES

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

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, 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.

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 to support hardware removal. The records demonstrate a solid fusion. Therefore, the determination is not medically necessary.

Pre-op EKG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Preoperative Electrocardiogram.

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.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Pre-op chest x-ray: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Preoperative Testing, General.

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.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Pre-op labs: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Preoperative Lab Testing.

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.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Associated surgical service: One night overnight stay: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Hospital Length of Stay.

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.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.