Case Number:	CM15-0198336		
Date Assigned:	10/13/2015	Date of Injury:	03/16/2013
Decision Date:	11/25/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	10/08/2015

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: New York, Montana, California
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 is a 38 year old male, who sustained an industrial-work injury on 3-16-13. He reported initial complaints of back pain. The injured worker was diagnosed as having pain with retained orthopedic implant in the L4-5 pedicle screws and rods. Treatment to date has included medication, surgery (Transforaminal lumbar interbody fusion L4-5 on 8-2014), physical therapy, and activity modification. Currently, the injured worker complains of escalating low back pain with relation to the pedicle screws and rods. Medication included Hydrocodone 5-325. Per the orthopedic evaluation on 8-27-15, exam noted continued severe pain with direct palpation over the pedicle screws and rods, easily palpable due to thin stature. Lumbar lordosis is flattened, slight scoliosis at dorsal spine, heel and toe gait is present, and abduction of hip is abnormal on the right. Current plan of care includes removal of posterior hardware L4-5.The Request for Authorization requested service to include removal of posterior hardware L4-L5, pre-op Complete blood count (CBC), Electrolyte panel (Chem 7), and Urinalysis (UA). The Utilization Review on 9-16-15 denied the request for removal of posterior hardware L4-L5, pre-op Complete blood count (CBC), Electrolyte panel (Chem 7), and Urinalysis (UA), per Official Disability Guidelines, Hardware implant removal (fixation) and Preoperative lab testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Removal of posterior hardware L4-L5: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 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 chapter- hardware removal.

Decision rationale: The ODG guidelines do recommend removal of hardware, which is broken or infected or has been found to be a pain generator, when other causes have been eliminated. Documentation shows no evidence of breakage or infections. Blinded hardware block information is not supplied. The requested treatment: Removal of posterior hardware L4-L5 is not medically necessary and appropriate.

Pre-op Complete blood count (CBC): 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Pre-op Electrolyte panel (Chem 7): 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Pre-op Urinalysis (UA): 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.