MAXIMUS Federal Services

Case Number:	CM15-0208505		
Date Assigned:	10/27/2015	Date of Injury:	06/10/2002
Decision Date:	12/16/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/22/2015

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: Minnesota, Florida
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 58 year old male, who sustained an industrial injury on 6-10-2002. The injured worker is being treated for status post laminectomy lumbar pain, lumbar degenerative disc disease, lumbar sprain-strain syndrome, depression and anxiety and sacroiliac pain. Treatment to date has included surgical intervention (L4-5 and L5-S1 micro decompression and discectomy, 2006 and additional lumbar surgery in 2010), diagnostics and medications. Per the Primary Treating Physician's Progress Report dated 8-26-2015, the injured worker presented for a pain management follow-up visit. He reported low back pain and bilateral lower extremity pain status post lumbar laminectomy surgery. magnetic resonance imaging (MRI) dated 2-11- 2014 was read by the evaluating provider as showing no significant change from the prior exam, no new disk herniation, and transpedicular screws at L4, L5 and S1 were identified. Objective findings included, pain, tenderness to palpation and decreased range of motion of the lumbar spine, The IW has a slight constant limp, and at this visit, he had a brighter affect and mood. The notes from the provider do not document efficacy of the prescribed medications and current treatment. Work status was deferred to the PCP. The plan of care included, and authorization was requested for hardware removal from the lumbar spine. On 9-23-2015, Utilization Review non-certified the request for one hardware removal from the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Hardware removal from lumbar spine: 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, 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 ODG: Section: Low back, Topic: Hardware implant removal.

Decision rationale: ODG guidelines do not recommend routine removal of hardware implanted for fixation except in cases of broken hardware or persistent pain after ruling out other causes of pain. A hardware injection block is recommended for diagnostic evaluation of failed back surgery syndrome. The injection procedure is performed in patients who have undergone a fusion with hardware to determine if continued pain is 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. The documentation provided does not indicate a hardware injection block has been done. As such, the request for removal of hardware is not supported by evidence-based guidelines and the request is not medically necessary and has not been substantiated.