

Case Number:	CM15-0021612		
Date Assigned:	02/11/2015	Date of Injury:	03/03/2009
Decision Date:	04/03/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	02/04/2015

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: 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:

The injured worker is a 62-year-old female who reported an injury on 03/03/2009. The mechanism of injury was not provided. There was a Request for Authorization submitted for review dated 01/13/2015. The injured worker underwent an x-ray of the lumbar spine on 11/17/2014, which revealed a satisfactory appearance of the L4, L5, and S1 fusion. The documentation of 11/17/2014 revealed the injured worker had a 360 degree fusion anterior and posterior on 10/29/2013 at L4-5 and L5-S1. The injured worker was noted to have lost 40 pounds and felt the weight loss had made it easier to feel the screw heads. The injured worker had increasing complaints of pain over the area of the hardware posteriorly. The mechanism of injury was not provided. The injured worker had tenderness in the lateral to the midline of the area of the hardware and the lower lumbar spine. The injured worker had some residual numbness and tingling in the right calf, both medially and laterally, and into her left foot both on the plantar surface and dorsally over the first web space. The injured worker had no motor weakness. The injured worker was able to go from a sitting position in a chair to a standing position without effort. The diagnosis included status post 2 level 360 degree fusion at L4-5 and L5-S1 with successful fusion per MRI and lumbar spine x-rays. The treatment plan included a reoperation of the lumbar spine with exploration of the posterolateral fusion mass and augmentation as required, a removal of the pedicle screw instrumentation from L4, L5, and S1, and repair as required. The MRI revealed at L4-5 there was a 1 to 2 mm posterior disc bulge or postsurgical changes with corresponding indentation of the anterior aspect of the subarachnoid space in the axial images. The exiting nerve roots were not compressed or displaced. At the

level of L5-S1, there was narrowing of both spina foramina and the exiting nerve roots were potentially involved.

IMR ISSUES, DECISIONS AND RATIONALES

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

Exploration lumbar spine removal of hardware possible augmentation fusion mass: 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 chapter, 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 Official Disability Guidelines indicate that hardware removal is not recommended except in the case of broken hardware with persistent pain after ruling out other causes of pain, such as infection or nonunion and for The clinical documentation submitted for review indicated the injured worker's fusion had taken place at L4, L5, and S1. There was a lack of documentation indicating the injured worker had nonunion. There was a lack of documentation indicating the physician had ruled out infection. The request as submitted failed to indicate the level for the removal of hardware. Given the above, the request for exploration of lumbar spine removal of hardware possible augmentation fusion mass is not medically necessary.

Two day stay: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Preoperative clearance: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Chest x-ray: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

EKG: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Chem 18, CBC, UA, PTT, Pro-Time, drug screen: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.