

Case Number:	CM15-0037464		
Date Assigned:	03/05/2015	Date of Injury:	08/04/2010
Decision Date:	04/24/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/27/2015

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: Illinois, California, 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 46-year-old female with an industrial injury dated 8/04/10 which resulted in injury to the low back and right leg. Past surgical history was positive for L4-S1 fusion, and sacroiliac joint fusion. Localized pain was reported over the right L5/S1 hardware. However, a 10/25/13 hardware injection did not provide significant pain relief. The 9/15/14 treating physician report indicated that the injured worker was status post laminectomy fusion at L4-S1 with new degenerative disc disease at L3/4 and painful hardware. Physical exam documented the right buttocks was painful and the sacroiliac joints were painless bilaterally. Point tenderness was reported over the lumbar hardware, which worsens with prolonged standing. The 1/14/15 lumbar x-ray report documented a posterior L5/S1 fusion with disc prosthesis, and screw placement at the right sacroiliac joint level with no complications. There was degenerative disc calcification at L4/5 with degenerative bone sclerosis at the left L4/5 facet joint level. The 1/28/15 treating physician report indicated that the injured worker was 6 months status post right sacroiliac joint fusion. She continued to have constant severe low back pain, worse with any pressure to the low back. After extended activity, she can feel increased pain in the area and some swelling. Diagnostic imaging reportedly showed some lucency around the L5 and S1 screws and a narrow distance between the heads of the screws and the surface of her skin. The treating physician reported that the patient had significant lumbar pain related to her lumbar hardware. Hardware removal was requested along with a one day hospital stay, pre-operative exam, EKG and laboratory testing, a lumbar brace, Vascutherm cold therapy unit and 12 sessions of post-operative physical therapy. The 2/4/15 utilization review non-certified a request for lumbar

hardware removal with 1 day hospital stay and associated surgical requests for pre-operative exam, EKG and laboratory testing, a lumbar brace, Vascutherm cold therapy unit and 12 sessions of post-operative physical therapy. Non-certification was based on no confirmed hardware issues, and the identification of the source of residual low back pain was not well documented. The Official Disability Guidelines were cited. On 2/27/15, the injured worker submitted an application for IMR.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Hardware Removal- 1 day Hospital Stay: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) http://www.odg-twc.com/odgtwc/low_back.htm Hardware 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 $\frac{1}{2}$ Lumbar & Thoracic, Hardware implant removal (fixation); Hardware injection (block); Hospital length of stay (LOS).

Decision rationale: The California MTUS does not provide recommendations relative to lumbar hardware removal. The Official Disability Guidelines do not recommend the routine removal of hardware implanted for fixation, except in the case of broken hardware or persistent pain, after ruling out other causes of pain such as infection and nonunion. Hardware removal is not recommended solely to protect against allergy, carcinogenesis, or metal detection. Although hardware removal is commonly done, it should not be considered a routine procedure. The ODG recommend the use of a hardware injection (block) for diagnostic evaluation in patients who have undergone a fusion with hardware to determine if continued pain was 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. ODG hospital length of stay guidelines provide specific criteria for hardware removal, but generally support one day stay for similar procedures. Guideline criteria have been met. This patient presents with significant on-going pain to palpation directly over the hardware site, and imaging evidence of a narrow distance between the heads of the screws and the surface of her skin. There is plausible symptomatic hardware with imaging evidence of halos around the pedicle screws despite reported limited response to hardware injection. Therefore, this request is medically necessary.

Pre-operative Exam with EKG: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Practice advisory for preanesthesia evaluation: an

updated report by the American Society of Anesthesiologists Task Force on Preanesthesia Evaluation. *Anesthesiology* 2012 Mar; 116(3):522-38.

Decision rationale: The California MTUS guidelines do not provide recommendations for this service. Evidence based medical guidelines state that an EKG may be indicated for patients with known cardiovascular risk factors or for patients with risk factors identified in the course of a pre-anesthesia evaluation. Guideline criteria have been met. Middle aged females have known occult increased risk factors for cardiovascular disease that support the medical necessity of pre-procedure EKG. Therefore, this request is medically necessary.

Pre-Operative Labs: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Practice advisory for preanesthesia evaluation: an updated report by the American Society of Anesthesiologists Task Force on Preanesthesia Evaluation. *Anesthesiology* 2012 Mar; 116(3):522-38.

Decision rationale: The California MTUS guidelines do not provide recommendations for this service. Evidence based medical guidelines indicate that most laboratory tests are not necessary for routine procedures unless a specific indication is present. Indications for such testing should be documented and based on medical records, patient interview, physical examination, and type and invasiveness of the planned procedure. Although basic lab testing is typically supported for patients undergoing general anesthesia, the medical necessity of this non-specific request for pre-operative laboratory testing could be established in the absence of a documented rationale. Therefore, this request is not medically necessary.

Lumbar Brace: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM). *Occupational Medical Practice Guidelines* 2nd Edition. Chapter 12 Low Back Disorders. (Revised 2007) page(s) 138-139.

Decision rationale: The California MTUS guidelines do not address post-operative lumbar braces. The ACOEM Low Back Disorder guidelines do not recommend the use of lumbar supports for prevention or treatment of lower back pain. However, guidelines state that lumbar supports may be useful for specific treatment of spondylolisthesis, documented instability, or post-operative treatment. Guideline criteria have been met. The use of a lumbar brace for post-op pain control and structural support is consistent with guidelines. Therefore, this request is medically necessary.

Vascutherm Cold Therapy Unit: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM). Occupational Medical Practice Guidelines 2nd Edition. Chapter 12 Low Back Disorders. (Revised 2007) page(s) 138-139.

Decision rationale: The California MTUS are silent regarding cold therapy devices, but recommend at home applications of cold packs. The ACOEM Revised Low Back Disorder Guidelines state that the routine use of high-tech devices for hot or cold therapy is not recommended in the treatment of lower back pain. Guideline criteria have not been met. There is no compelling reason submitted to support the medical necessity of a cold therapy unit in the absence of guideline support. Therefore, this request is not medically necessary.

Post-operative Physical Therapy 2 x 6 weeks: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 25-26.

Decision rationale: The California Post-Surgical Treatment Guidelines for surgical treatment following low back surgery typically suggest a general course of 16 post-operative visits over 8 weeks during the 6-month post-surgical treatment period. An initial course of therapy would be supported for one-half the general course or 8 visits. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. This is the initial request for post-operative physical therapy and, although it exceeds the typical recommendations for initial care, is within the recommended general course. Therefore, this request is medically necessary.