MAXIMUS Federal Services

Case Number:	CM15-0039941		
Date Assigned:	03/10/2015	Date of Injury:	03/25/2002
Decision Date:	04/14/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/03/2015

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 56-year-old female who sustained an industrial injury on 3/25/02. She underwent anterior and posterior lumbar L4-S1 fusion in June 2013. The 1/20/15 lumbar CT scan impression documented post-operative changes at L4/5 and L5/S1 without findings for hardware complications. There was a cage device and bony fusion of the L4/5 and L5/S1 noted centrally, with rod and pedicle screw fixation on the left side. There was right lateral recess stenosis at L3/4 with minor neuroforaminal narrowing. The 1/22/15 bilateral lower extremity electrodiagnostic study was reported normal. The 2/5/15 treating physician report indicated that the injured worker had initially done well status post lumbar fusion. After she returned to work, the pain started to come back and went down the left leg. She was not able to sleep well at night with sleep limited to 3 hours. Physical exam documented 4+/5 left plantar flexor and dorsiflexors weakness, compared to the right side, which was 5/5. There were paraspinal muscle spasms, left greater than right. CT scan of the lumbar spine revealed a solid fusion from L4 to S1. The treating physician opined that the screws were causing the low back pain and leg pain. Therefore, the hardware needed to be removed. The request was for Removal of the hardware from L4 to S1. The 2/25/15 utilization review non-certified the request for hardware removal as there was no normal CT scan report corroborating the L4-S1 fusion was solid and no clear clinical information that the hardware was causing her current pain complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

Removal of the hardware from L4 to S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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 ï¿½ Lumbar & Thoracic: Hardware implant removal (fixation); Hardware injection (block).

Decision rationale: The California MTUS guidelines do not address lumbar hardware removal. The Official Disability Guidelines (ODG) 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. 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. Guideline criteria have not been met. This patient presents status post L4-S1 lumbar-instrumented fusion with CT scan evidence of bony fusion. Increased low back and left lower extremity pain was reported following return to work with paraspinal muscle spasms and slight weakness. There is no CT scan evidence of hardware complications. The treating physician has opined that the pedicle screws are the cause of pain. There is no documentation of a hardware injection block to confirm hardware as the pain generator. Therefore, this request is not medically necessary.