

Case Number:	CM15-0058438		
Date Assigned:	04/03/2015	Date of Injury:	08/20/2012
Decision Date:	05/12/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	03/27/2015

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 60-year-old male who sustained an industrial injury on 8/20/12. The mechanism of injury was not documented. Past surgical history was positive for L4/5 and L5/S1 anterior lumbar interbody fusion on 1/24/14, followed by exploration of the lumbar fusion with irrigation of the entire wound and closure on 2/14/14 with only a seroma found and no spinal fluid leak or dural tear. The 2/19/15 treating physician report cited an increase in low back pain radiating down the right leg to the foot, and down to his left thigh. Pain increased with sitting. He had persistent numbness at the anterior aspect of his left thigh from the bone graft site and increased right thigh numbness. He would like to have the hardware removed from his low back. Lumbar spine exam documented well-healed surgical scar with complete wound closure and no obvious signs of infection. Range of motion was flexion 60, extension 15, right/left rotation 40 and right/left lateral bending 25 degrees. There was moderate tenderness over the surgical scar with moderate plus tenderness at the lumbosacral junction. There was moderate to severe tenderness in the paraspinal muscle which is directly over the retained pedicle screw hardware. There was moderate plus tenderness at the sacroiliac joint and minimal tenderness over the sciatic nerves. The treating physician report stated that the next step would be for an exploration of the lumbar fusion with removal of the pedicle screw hardware as the right L5 and right L4 screws seemed to be very medial and he appeared to have significant residual pain over the retained pedicle screw hardware. The 3/9/15 utilization review non-certified the request for exploration of the lumbar fusion with removal of the retained hardware with a possible revision

fusion as there was no specific reason for re-exploration or hardware removal. There was no CT scan evidencing non-union or evidence of broken hardware.

IMR ISSUES, DECISIONS AND RATIONALES

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

Exploration of the Lumbar fusion with removal of the retained hardware with a possible revision fusion: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines-Low Back - Lumbar and Thoracic (Acute and Chronic).

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 $i\frac{1}{2}$ Lumbar & Thoracic: Hardware implant removal (fixation); Hardware injection (block).

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 Official Disability Guidelines 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 with persistent low back following L4/5 and L5/S1 fusion with pedicle screw fixation and wanted to have the hardware removed. Physical exam documented tenderness over the paraspinal muscle in the region of the pedicle screws. There is no imaging evidence to assess for broken hardware or non-union. There is no evidence that a hardware block has been provided, and what the response was. Therefore, this request is not medically necessary at this time.