

Case Number:	CM15-0071683		
Date Assigned:	08/17/2015	Date of Injury:	10/03/2010
Decision Date:	09/30/2015	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	04/14/2015

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 39 year old female who sustained an industrial injury on 10-3-2010. She fell while in a freezer on the slippery floor and fell onto her buttocks. She has reported lower back pain and has been diagnosed with radiculopathy lumbar chronic Right L5-S1 and status post lumbar fusion L4-5. Treatment has included surgery, injection, medications, and medical imaging. Upon examination of the lumbar spine there was 50 degrees of flexion with pain. Straight leg raise was positive on the right at 60 degrees. There was diminished sensation in the L4-L5-S1 dermatomes of the right lower extremity. The treatment plan included medications and follow up. The treatment request included revision of L4-5 lumbar pedicle screws with removal of screws, assistant surgeon, and preoperative medical clearance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Revision of L4-L5 Lumbar Pedicle Screws with Removal of Screws.: 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 Chapter.

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, Hardware block, Fusion: Revision surgery.

Decision rationale: The injured worker is a 39-year-old female with a date of injury on 10/3/2010. The documentation submitted indicates that she underwent surgery on June 29, 2012 which included L4-5 fusion. However, when seen for a QME on August 2, 2013 the symptoms had not improved since the surgery and she had ongoing complaints of pain radiating to the right leg more than left. She then saw 2 spine surgeons and underwent a CT on 8/15/2014 and MRI on the same day. Based upon the findings, both spine surgeons concurred that the interbody fusion was coming along fairly well. However, loosening of the hardware was suspected and hardware removal was recommended. The request is for revision of L4-5 lumbar pedicle screws with removal of screws, assistant surgeon and preoperative medical clearance. X-rays dated 8/4/2014 revealed the interbody cage at L4-5 but no interbody bone formation was seen. A subsequent CT scan of 8/15/2014 was reported to show the interbody graft reasonably well consolidated within the disc space. The report indicates that there were postoperative changes of L4-5 discectomy with intervertebral cage, transpedicular fixation hardware intact at L4-5. Postoperative changes laminectomy L4-5. No evidence for fracture, subluxation, or hardware failure. No CT evidence for discitis. Mild developing annular disc bulges at L1-2, L2-3, L3-4, and L5-S1 fail to significantly indent the ventral thecal sac or produce central spinal stenosis. Widely patent neural foramen. The impression was: Normal postoperative appearance of L4-5 laminectomy, discectomy, and intervertebral fusion. ODG guidelines do not recommend routine removal of hardware except in the case of broken hardware or persistent pain after ruling out other causes of pain such as infection and nonunion. A hardware injection block is recommended for diagnostic evaluation of failed back surgery syndrome. This injection procedure is performed on 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. In this case, although hardware removal is requested, a hardware injection block has not been performed. Furthermore, the imaging studies do not show any evidence of loosening of the hardware. The fusion is healed and revision surgery is not necessary. As such, evidence-based guidelines do not recommend routine removal of hardware and the medical necessity of the request has not been substantiated.

Associated Surgical Service: Assistant Surgeon (PA-C): 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 Chapter, AAOS Position Statement Reimbursement of the First Assistant at Surgery in Orthopaedics.

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, Hardware block, Fusion: Revision surgery.

Decision rationale: Since the primary surgical procedure is not medically necessary, none of the associated surgical requests are applicable.

Pre-Operative Medical Clearance: 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 and Thoracic Chapter (Acute and Chronic), ACC/AHA 2007 Guidelines on Perioperative Cardiovascular Evaluation and Care for Non-cardiac Surgery.

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, Hardware block, Fusion: Revision surgery.

Decision rationale: Since the primary surgical procedure is not medically necessary, none of the associated surgical requests are applicable.