

<b>Case Number:</b>	CM15-0081665		
<b>Date Assigned:</b>	05/04/2015	<b>Date of Injury:</b>	07/23/1999
<b>Decision Date:</b>	06/02/2015	<b>UR Denial Date:</b>	04/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/28/2015

### 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 mechanism of injury was not documented. Past surgical history was positive for L4/5 to L5/S1 fusion surgeries. She underwent L3/4 transforaminal lumbar interbody fusion on 9/5/12. The submitted progress reports documented an increase in left sided back pain and persistent symptoms over her instrumentation since 8/7/14. A hardware injection was recommended but not performed. A CT scan was ordered to assess for pseudoarthrosis. The 12/11/14 lumbar spine CT scan documented a focal left central disc herniation at L1/2 without spinal stenosis or foraminal narrowing. There were extensive post-operative changes status post discectomies and interbody and posterior fusion from L3/4 to L5/S1 without evidence of pseudoarthrosis. Records indicated that the hardware was felt to be the source of pain after ruling out pseudoarthrosis. The 3/31/15 treating physician report cited worsening back pain on the left side. There was point tenderness in the left sided incision with a dimple on that side. She had occasional radiating pain to the groin but that was not as severe as the pain on the left side. Her lumbar spine CT scan showed a likely solid fusion from L3 to S1 with no evidence of loosening of the instrumentation. There was retrolisthesis at L2/3, but there was the beginning of some ossification posteriorly in the disc at both L2/3 and L3/4. The diagnosis included status post L4/5 extreme lateral interbody fusion, previous L5/S1 fusion, posterior L4/5 fusion with instrumentation, and L3/4 transforaminal lumbar interbody fusion. The injured worker continued to be symptomatic predominantly in the area of her parasagittal incisions and where she felt there was pressure from her instrumentation. She appeared to have a solid fusion with no hardware loosening. There was some retrolisthesis at L2/3, but it was not mobile on flexion and extension. The treatment plan recommended removal of the instrumentation at the L3/4 level bilaterally. The 4/16/15 utilization review non-certified the request for removal of bilateral L3/4 instrumentation, with no specific rationale documented in the submitted records.

The 4/22/15 treating physician report appeal letter stated that the injured worker did well after her last surgery but now had increased pain at the area of her L3/4 instrumentation. She was very thin and this area was prominent. As there was no rationale for the non-certification provided, it was impossible to rebut. Authorization was requested for removal of the L3/4 instrumentation, as it was prominent and causing per localized back pain.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Removal of instrumentation at L3-4 bilaterally: Overturned**

**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  $i\frac{1}{2}$  Lumbar & Thoracic, Hardware implant removal (fixation).

**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. Guideline criteria have been met. This patient presents with persistent severe point tenderness over the L3/4 instrumentation. She has a thin build and hardware is prominent. Pain is limiting function. Pseudoarthrosis has been ruled-out, and there is no clinical evidence suggestive of infection. Therefore, this request is medically necessary.