

Case Number:	CM15-0082562		
Date Assigned:	05/05/2015	Date of Injury:	08/20/1992
Decision Date:	06/04/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	04/29/2015

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 59-year-old female who sustained an industrial injury on 8/20/92. The mechanism of injury was not documented. Past surgical history was positive for L4/5 fusion on 5/19/96, L2/3 decompression and fusion on 3/5/09, and L3/4 laminectomy/partial medial facetectomy with L5/S1 left sided laminectomy and discectomy on 2/11/10. The most recent record available for review was the 8/26/14 treating physician report progress report. She continued to have constant pain across the back, with some radiating pain into the right buttock and proximal thigh. She reported that she felt the screws more than before. She was taking methadone, Norco, Xanax, Vistaril and Piroxicam on a daily basis. Physical exam documented she was able to sit reasonably comfortably, rose from the chair using the arm rests for support, and walked with a slightly forward flexed posture. She had a well-healed surgical wound. There was localized tenderness to palpation in the area of the L2/3 pedicle screws. She noted increased pain in the area of palpation with forward flexion. X-rays were obtained and showed a solid fusion at both the L2/3 and L4/5 levels. The pedicle screw system was reported much more prominent. There no evidence of clear cut loosening, but there was some potential lucency around the screw on the right at L2. The assessment included chronic low back pain with apparent increased pain, most likely due to retained pedicle screw segmental instrumentation L2/3, and chronic narcotic pain medication use with benefit. The treating physician reported that over the prior 2 to 3 years he had experienced patients developing late onset pain in conjunction with this particular pedicle screw system. The treatment plan recommended re-exploration of the L2/3 fusion with removal of pedicle screw segmental instrumentation, and one to two day

hospital length of stay. The 4/3/15 utilization review non-certified the request for lumbar hardware removal at L2/3 as there was no objective evidence that the pain was coming from the hardware, high dose narcotic medication was noted with continued complaints of pain, and there was no local anesthetic diagnostic trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar spine hardware removal at L2-3: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back, Hardware Implant 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 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. The injured worker presents with increased low back pain with specifically localized tenderness over the pedicle screws at L2/3. She reported increased pain with palpation over the area in flexion. There was imaging evidence of solid fusion at L2/3 and L4/5 with possible lucency around the right L2 screw and the pedicle screw system was much more prominent. There is no clinical exam evidence suggestive of infection, or other causes of pain. Therefore, this request is medically necessary.

Associated surgical service: 2 day inpatient 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: Low Back, Hospital Length of Stay.

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 Lumbar & Thoracic: Hospital length of stay (LOS).

Decision rationale: The California MTUS does not provide hospital length of stay recommendations. The Official Disability Guidelines recommend the median length of stay (LOS) based on type of surgery, or best practice target LOS for cases with no complications. There is no specific recommendation for lumbar hardware removal. The recommended median

length of stay for lumbar laminectomy is 2 days, which seems reasonable in this case due to magnitude of the overall procedure. Therefore, this request is medically necessary.