

<b>Case Number:</b>	CM15-0083615		
<b>Date Assigned:</b>	05/05/2015	<b>Date of Injury:</b>	03/05/2001
<b>Decision Date:</b>	06/30/2015	<b>UR Denial Date:</b>	03/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/01/2015

### 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 49-year-old female who sustained an industrial injury on 3/5/01, relative to a motor vehicle accident. She underwent a posterior lumbar interbody fusion at L4/5 and L5/S1, posterior spinal fusion from L4-S1 on 2/13/12. Records indicated that she had persistent complaints of low back pain radiating to the lower extremity since surgery. The 11/21/14 lumbar spine MRI impression documented status post anterior lumbar interbody solid fusions from L4/5 through the sacrum with a small amount of fluid in the right half of the L4/5 disc space adjacent to the fusion graft. There was a dorsal transpedicular screw and rod fixation from L4 through S1 with bilateral lateral fusions. At L3/4, there was minimal disc space narrowing and desiccation with more eccentric disc bulging within and beyond the right neural foramen and moderate right foraminal stenosis. There was borderline central canal stenosis due to lateral facet hypertrophy and ligamentum flavum thickening. At L5/S1, there was left dorsal extradural impression on the thecal sac due to scarring versus post-operative change and/or bone grafts. This did not cause significant central canal stenosis despite the impression/invagination on the left dorsal thecal sac. The L5 and S1 nerve root sleeves were unremarkable without significant perineural scarring. The 2/17/15 CT scan impression documented an L3/4 disc bulge and mild flattening of the thecal sac. There was bulging disc material into each of the foramina, more so on the right, with more to severe right foraminal stenosis and abutment of the exiting right L3 nerve. AT L4/5, there was a solid anterior interbody fusion with PEEK fusion cage and bone graft material. Gross material was seen extending into the inferior origin of the left neural foramen abutting the medial surface of the exiting left L4 nerve. At L5/S1, there was a solid anterior interbody fusion with PEEK

fusion cage and bone graft material. Graft material extending into the inferior margin of the left neural foramen. There was minimal posterior disc bulging of the bone grade material, contacting the left ventral thecal sac. There were solid fusions. The 3/6/15 treating physician report documented decreased sensation L5-S1 and positive bilateral straight leg raise. The x-rays showed a solid fusion at the surgical site. The MRI showed no major pathology except for lateral stenosis at L3/4. The CT scan also confirmed fusion. The injured worker wanted to have the hardware removed. Lab work had been performed and ruled-out infection. Authorization was requested for hardware removal, laminectomy at L4/5, L5/S1, three-day inpatient hospital stay, assistant surgeon, and medical clearance. The 3/31/15 utilization review non-certified the request for hardware removal, laminectomy at L4/5, L5/S1 as there was no evidence of a hardware block.

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

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

#### **L4-5, L5-S1 Laminectomy and Hardware Removal: 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 - Hardware implant removal (fixation).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Lumbar & Thoracic, Discectomy/Laminectomy; 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. 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. The California MTUS recommend surgical consideration when there is severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise. Guidelines require clear clinical, imaging and electrophysiologic evidence of a lesion that has been shown to benefit both in the short term and long term from surgical repair. The Official Disability Guidelines recommend criteria for lumbar laminotomy that include symptoms/findings that confirm the presence of radiculopathy and correlate with clinical exam and imaging findings. Guideline criteria include evidence of nerve root compression, imaging findings of nerve root compression, lateral disc rupture, or lateral recess stenosis, and completion of comprehensive conservative treatment. Guideline criteria have not been met. This injured worker presents with persistent low back pain radiating down both legs. Clinical exam findings were consistent with imaging evidence of plausible neurocompression at L4/5 and L5/S1. However, there are no clinical exam findings evidencing hardware as the pain generator. There is no evidence of a hardware block. There is no imaging evidence of broken hardware or

hardware failure. Additionally, detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. Therefore, this request is not medically necessary at this time.

**Inpatient Hospital Stay (3-days): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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  $\frac{1}{2}$  Lumbar & Thoracic: Hospital length of stay (LOS).

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Assistant Surgeon: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Associated Surgical Service: Medical Clearance: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.