

Case Number:	CM15-0084365		
Date Assigned:	05/11/2015	Date of Injury:	03/14/2012
Decision Date:	06/11/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	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 35-year-old male who sustained an industrial injury on 3/14/12. Injury occurred when he was walking downstairs pulling a generator, and his right foot became tangled in the cord. He missed a step and came down onto his right foot with all his weight, causing an onset of low back pain. He underwent L4/5 anterior and posterior fusion on 4/26/13. The 4/30/14 lumbar spine CT scan impression documented status post posterior lumbar spinal decompression, interbody placement, and posterior instrumented fusion at L4/5 with incomplete bony bridging across the disc space and no evidence for hardware loosening. There was mild multilevel lumbar spondylosis. The 4/15/14 bilateral lower extremities electrodiagnostic study documented evidence of left chronic S1 radiculopathy. The 2/24/15 lumbar spine MRI showed postsurgical changes at L4/5 and degenerative disc disease and degenerative facet joint disease without nerve root compression. The 2/25/15 lumbar spine CT scan conclusion documented status post posterior fusion of L4/5 in anatomic alignment. At L2/3 and L3/4, there were 1 to 2 mm broad-based posterior disc protrusions without evidence of canal stenosis or neuroforaminal narrowing. At L4/5, he was status post fusion resulting in bilateral neuroforaminal narrowing and canal stenosis in conjunction with osteophytic ridge and facet joint hypertrophy. There was bone graft material seen at L4/5. At L5/S1, there was a 2 to 3 mm broad-based posterior disc protrusion resulting in bilateral neuroforaminal narrowing. The 3/10/15 treating physician report cited no improvement in symptoms. Physical exam documented mild loss of lumbar flexion, lumbar paraspinal muscle tenderness, normal lower extremity strength, intact lower extremity sensation, and +2 and symmetrical deep tendon reflexes. The CT scan showed a questionable bony bridge at the L4/5. The MRI did not show any significant stenosis or adjacent segment disease. The diagnosis was pseudoarthrosis. The treatment plan recommended an L4/5 exploration of fusion, possible removal of hardware, and possible revision. The 3/23/15 utilization review denied the request for revision L4/5 exploration

of fusion and possible removal of hardware surgery, noting that there was no sign of loosening of the hardware and no documentation of x-ray findings that showed malposition of the pedicle screws. There was no radiographic or imaging documentation of pseudoarthrosis. The 3/31/15 treating physician report appealed the denial of lumbar surgery. The injured worker did not want to have a foreign implant in his body, and therefore would like to have the implant removed. He understands this may or may not alleviate his pain. The AME also recommended hardware removal as well.

IMR ISSUES, DECISIONS AND RATIONALES

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

Exploration of fusion with possible removal of hardware and possible revision at L4-L5:
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.

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 ½ Lumbar & Thoracic, Fusion (spinal); Hardware injection (block); Hardware implant removal (fixation).

Decision rationale: The California MTUS does not provide recommendations relative to lumbar hardware removal. The Official Disability Guidelines(ODG) 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 ODG 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 ODG recommend revision surgery for failed previous operations if significant functional gains are anticipated. Revision surgery for the purposes of pain relief must be approached with extreme caution due to less than 50% success rate reported in medical literature. Guideline criteria have not been met. This injured worker presents with chronic back pain that did not improve after L4/5 fusion in 2013. There is no clinical exam evidence of specific hardware tenderness or complication. There is no current radiology or imaging report that evidences pseudoarthrosis, hardware loosening or failure. There is no evidence of a hardware block to confirm pain generation. This request appears to be for routine removal of hardware. 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.