

Case Number:	CM15-0084398		
Date Assigned:	05/06/2015	Date of Injury:	10/09/2007
Decision Date:	06/12/2015	UR Denial Date:	04/23/2015
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: Ohio, West Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Medical Toxicology

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 44 year old male, who sustained an industrial injury on 10/9/2007. The current diagnoses are status post total disc replacement L5-S1 and recent L4-5 transforaminal lumbar interbody fusion (9/4/2014). According to the progress report dated 3/16/2015, the injured worker complains of severe back pain with some radicular symptoms. The pain was not rated. The current medications are OxyContin and Norco. The physical examination of the lumbar spine reveals decreased range of motion secondary to pain. Treatment to date has included medication management, X-rays, computed tomography scan, epidural steroid injection, and surgical intervention. The plan of care includes consultation with vascular surgery service for lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with vascular surgery service for lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 1. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, Hardware implant removal (fixation).

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 (Acute & Chronic); Hardware implant removal (fixation).

Decision rationale: The available medical record notes that this request is to "see if removal (of artificial disc) is even possible." MTUS is silent regarding removal of orthopedic fixations so the ODG was consulted. The ODG states regarding hardware removal; "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. 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 treating physician does not identify the specific reason for requesting removal. In the available medical record the hardware is noted to be stable and it is not clear why the IW is concerned with its removal and subsequent fusion of the area. As such, the request for vascular surgery consultation is not medically necessary.