

<b>Case Number:</b>	CM14-0135112		
<b>Date Assigned:</b>	08/29/2014	<b>Date of Injury:</b>	12/05/2011
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	07/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2014

### 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. The expert reviewer is Board Certified in Neurological Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 records, presented for review, indicate that this 55-year-old individual was reportedly injured on December 5, 2011. The most recent progress note, dated June 5, 2014, indicated that there were ongoing complaints of low back pain. The physical examination demonstrated point tenderness in the lumbar paravertebral musculature with spasm, a negative straight leg raise test, and decreased range of motion. Motor and sensory examinations were normal. Diagnostic imaging studies included only x-rays noting adequate healing and solid fusion. A progress note from April 2014 referenced flexion and extension. X-rays revealed solid fusion with osteolysis around the screws. Previous treatment included an L4-S1 laminectomy with bilateral partial medial facetectomy's and neural foraminotomies, and discectomy at the right L5-S1 on May 8, 2012, on July 12, 2013 and L4-S1 posterior spinal fusion with instrumentation was performed. Additionally, the claimant has been treated with pharmacotherapy, physical medicine, and activity modification. A request had been made for a hardware removal at L4-S1 with inspection of fusion mass and possible re-grafting of screw holes and nerve root exploration, medical clearance, inpatient stay and surgery assistant and was not certified in the pre-authorization process on July 30, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**L4 to S1 Removal of lumbar hardware with inspection of fusion mass, possible re-grafting of screw holes and nerve root exploration: 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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG -TWC: ODG Treatment Integrated Treatment/Disability Duration Guidelines Low Back - Lumbar & Thoracic (Acute & Chronic) (updated 08/22/14) - hardware removal

**Decision rationale:** ODG 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. The medical record provides no documentation that other causes of pain such as infection and nonunion have been ruled out. There has been no documentation of the CT scan to evaluate for pseudarthrosis and/or solid fusion, though this study was previously recommended on an AME evaluation in April 2014. When considering the guidelines, the clinical presentation, in the absence of any diagnostics performed in an attempt to rule out infection and nonunion, this request and associated requests (medical clearance, today inpatient stay, and surgical assistant) is not considered medically necessary.

**Medical clearance, internist:** 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 Other Medical Treatment Guideline or Medical Evidence: electronically cited:  
[http://www.merckmanuals.com/professional/special\\_subjects/care\\_of\\_the\\_surgical\\_patient/preoperative\\_evaluation.html](http://www.merckmanuals.com/professional/special_subjects/care_of_the_surgical_patient/preoperative_evaluation.html)

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

**Inpatient stay, two 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) Official Disability Guidelines (ODG): ODG -TWC ODG Treatment Integrated Treatment/Disability Duration Guidelines Low Back - Lumbar & Thoracic (Acute & Chronic) (updated 08/22/14) - hospital length of stay

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

**Surgery assistant:** 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) ODG -TWC: ODG Treatment Integrated Treatment/Disability Duration Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic) (updated 08/22/14) - Assistant surgeon

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