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| Case Number: | CM14-0141442 | | |
| Date Assigned: | 09/10/2014 | Date of Injury: | 02/17/2004 |
| Decision Date: | 10/29/2014 | UR Denial Date: | 08/08/2014 |
| Priority: | Standard | Application Received: | 09/02/2014 |

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 Orthopedic Spine Surgery, and is licensed to practice in Texas. 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 injured worker is a 59-year-old male who reported an injury on 02/17/2004. The mechanism of injury involved heavy lifting. The current diagnosis is lumbar degenerative disc disease. The injured worker was evaluated on 07/11/2014. Previous conservative treatment was not mentioned. The injured worker reported right lower extremity pain. The physical examination was not provided on that date. It is noted that the injured worker utilizes a cane for ambulation assistance. The injured worker was nearly 2 years out from a previous lumbar fusion. It is noted that the injured worker no longer required hardware. Hardware removal was then recommended on that date. A Request for Authorization form was submitted on 07/30/2014 for the removal of lumbar hardware. It is noted that the injured worker underwent an x-ray of the lumbar spine on 07/10/2014, which indicated stable postoperative changes with no acute fracture. The injured worker also underwent an MRI of the lumbar spine on 07/02/2014, which indicated significant neural foraminal narrowing at L4-5 and a small broad based posterior disc bulge at L5-S1 with moderate neural foraminal narrowing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective removal of lumbar hardware with on day inpatient stay: 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)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Hardware implant removal (fixation)

Decision rationale: The California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation is indicated for patients who have severe and disabling lower extremity symptoms, activity limitation for more than 1 month, clear clinical, imaging, and electrophysiologic evidence of a lesion, and failure of conservative treatment. The Official Disability Guidelines do not recommend hardware implant removal except in the case of broken hardware or persistent pain after ruling out other causes of pain such as infection and nonunion. There was no physical examination provided on the requesting date. There was no documented evidence of symptoms related to the hardware. There is no documentation of a hardware injection or any diagnostic evaluations completed prior to the request for a hardware removal. As the medical necessity has not been established, the current request is not medically appropriate at this time.