

Case Number:	CM14-0093121		
Date Assigned:	09/05/2014	Date of Injury:	01/10/2012
Decision Date:	10/08/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	06/19/2014

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 General Surgery, has a subspecialty in Surgical Critical Care 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 50 year old female who sustained an alleged industrial injury on 1/10/12. There have been multiple lumbar surgeries the initial surgery was complicated by MRSA infection and the last of which was a successful lumbar anterior and posterior fusion. The claimant has chronic low back pain, right hip/groin and right lower extremity pain. There is weakness of the right iliopsoas muscle graded 5-/5 otherwise the neurologic exam is normal per the office note of 2/26/14. The claimant has had instrumented from L3 through S1 and there are pedicle screws. There is pain in the paraspinous region. There has been Electrodiagnostic testing which revealed a chronic Right L4 radiculopathy. There has been an Agreed Medical Examination 3/12/14 with [REDACTED]. There are multiple requests the first is for removal of hardware, second for inpatient hospitalization 3-5 days. Then there is a request for post-operative physical therapy 3x week for 8 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Removal of Hardware L3-S1/Inpt stay x3-5 days: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back-Lumbar & Thoracic, 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; Hardware Implant removal, Hardware injection, Hospitalization

Decision rationale: This is a claimant who has undergone lumbar fusion with instrumentation. The claimant continues to have low back pain for which hardware pain has been considered. The claimant has pain with palpation in the paraspinous region. The claimant has been approved for hardware blocks in order to provide objective evidence and localization as to the pain generator. However the claimant has declined. There are no specific objective findings such as haloing around the hardware to support and localize the hardware as the specific pain generator. However there has been an Agreed Medical Examination on 3/12/14 with [REDACTED] who opines that removal of hardware and exploration of the fusion mass is reasonable and medically necessary. Therefore the removal of hardware and exploration of the fusion is medically necessary. With respect to post-operative hospitalization after hardware removal, in as much as the surgery is certified, post-operative hospitalization is medically necessary. But the Length of Stay (LOS) remains Non-certified. ODG does not address hospital stay following hardware removal, however presuming the fusion is solid, 3-5 days post operation is not medically necessary. ODG support average of 3.9 days hospitalization after surgery that involves lumbar fusion so the 3-5 days after hardware removal is not medically necessary and is excessive. Should the exploration of the fusion prove that the fusion has failed and represents pseudoarthrosis or incomplete as require revision then additional information would be required to support the additional LOS. Therefore the request is medically necessary.

P/T post-op lumbar/right hip: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Physical Medicine, Postsurgical Treatment Guidelines.

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, Physical therapy; Hip & Pelvis, Physical Medicine Treatment

Decision rationale: The surgery of hardware removal as requested has been certified and as such post-operative Physical Therapy is reasonable. The request is for post-operative physical therapy 3 x per week for 8 weeks. ODG does not address post op PT following hardware removal presuming a solid fusion is discovered. Should there be an unanticipated revision of the fusion/arthroplasty, then additional documentation would be necessary. ODG does hold that following arthroplasty up to 26 sessions would be reasonable. There is no operative intervention anticipated for the right hip. The claimant has been provided previous physical therapy of the right hip. Therefore the additional physical therapy for the right hip is not medically necessary. Therefore Physical therapy for the Hip remains not medically necessary.