

Case Number:	CM14-0096218		
Date Assigned:	09/15/2014	Date of Injury:	09/23/2012
Decision Date:	10/15/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/24/2014

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 Surgery, has a subspecialty in Spine Fellowship 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:

According to the records made available for review, this is a 55-year-old male with a 9/23/12 date of injury, and bilateral L3-5 posterior lumbar interbody fusion with rigid segmental internal fixation, L3-5 bilateral posterolateral transverse process fusion on 2/22/13. At the time (4/28/14) of the request for authorization for removal of hardware at the levels of L3 to L5 with inspection of fusion, possible re-grafting of screw holes, and nerve root exploration if deemed necessary, there is documentation of subjective (underwent successful hardware block, but this was short-lived) and objective (reproducible pain to point palpation over the top of palpable hardware, L4-5 dysesthesia in the lower extremities is noted) findings, current diagnoses (status post L3 to L5 posterior lumbar interbody fusion with L5-S1 transitional level and retained symptomatic lumbar spinal hardware), and treatment to date (hardware block, physical therapy, and activity modification). There is no documentation of a rationale identifying the medical necessity of re-grafting of screw holes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Removal of hardware at the levels of L3 to L5 with inspection of fusion, possible re-grafting of screw holes, and nerve root exploration if deemed necessary: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC

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 (fixation) and Hardware injection (block)

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) does not address the issue. Official Disability Guidelines (ODG) identifies documentation of imaging findings demonstrating failure of hardware fusion or evidence of mechanical impingement of hardware on adjacent anatomic structures, and a diagnostic hardware injection (confirming the hardware as the pain generator), as criteria necessary to support the medical necessity of hardware removal. Within the medical information available for review, there is documentation of diagnoses of status post L3 to L5 posterior lumbar interbody fusion with L5-S1 transitional level and retained symptomatic lumbar spinal hardware. In addition, given documentation of reproducible pain to point palpation over the top of palpable hardware, there is documentation of evidence of mechanical impingement of hardware on adjacent anatomic structures. Furthermore, there is documentation of a diagnostic hardware injection (confirming the hardware as the pain generator). However, there is no documentation of a rationale identifying the medical necessity of re-grafting of screw holes. Therefore, based on guidelines and a review of the evidence, the request for removal of hardware at the levels of L3 to L5 with inspection of fusion, possible re-grafting of screw holes, and nerve root exploration if deemed necessary is not medically necessary.