

Case Number:	CM14-0136102		
Date Assigned:	09/03/2014	Date of Injury:	07/10/2009
Decision Date:	05/13/2015	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/22/2014

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. 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: Minnesota, Florida
 Certification(s)/Specialty: Orthopedic Surgery

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 55 year old female who sustained an industrial injury on 07/10/09. Initial complaints were headache, neck, left shoulder, and back pain. Initial diagnoses were not available. Treatments to date include medications, epidural steroid injections, physical therapy, chiropractic treatments, and 2 back surgeries. Diagnostic studies include CT scan, x-rays, and MRIs. Current complaints include back pain. In a progress note dated 07/10/14 the treating provider reports the plan of care is an additional back surgery. The requested treatments are L5-S1 hardware removal and posterior spinal fusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) L5-S1 Removal of Hardware and 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 (Acute and Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Low Back. Topic: Hardware implant removal, Hardware block.

Decision rationale: ODG guidelines do not recommend hardware implant removal except in cases of broken hardware or persistent pain after ruling out other causes of pain such as infection and nonunion. A hardware injection block is recommended for diagnostic evaluation of failed back surgery syndrome. The injection procedure is performed on patients who have undergone a fusion with hardware to determine if continued pain is caused by the hardware. If the steroid/anesthetic medication can eliminate the pain by reducing the swelling and inflammation near the hardware, the surgeon may decide to remove the patient's hardware. The documentation provided does not indicate hardware failure, loosening, or a positive hardware block. The CT scan of the lumbar spine dated 5/2/2014 revealed at L5-S1 there was posterior decompression of the thecal sac secondary to laminectomy. Streak artifact limited assessment of the spinal canal. No visible neural foraminal stenosis was noted. At L4-5 there was at least moderate if not moderately severe concentric central canal stenosis secondary to annular bulge, ligamentum flavum hypertrophy and facet degenerative changes. Streak artifact from the adjacent hardware somewhat limited assessment of the spinal contents. There was no significant neural foraminal stenosis. The MRI scan of the lumbar spine revealed at L4-5 there was minimal generalized annular bulge. Moderate ligamentum flavum hypertrophy and facet degenerative changes were seen. There was moderate spinal stenosis at this level. At L5-S1 there were postoperative changes of L5 laminectomy. There was posterior decompression of the thecal sac. There was no central canal stenosis. There was no MRI evidence of arachnoiditis. No clumping of the nerve roots seen. Susceptibility artifact was seen from posterior fusion hardware with pedicle screw extending to L5 and S1 vertebrae. There was no significant neural foraminal stenosis. Status post at least partial discectomy with graft/cage in the L5-S1 disc interspace. Based upon the absence of loosening or failure of the hardware, absence of a pseudoarthrosis, and absence of a hardware block documenting the necessity of hardware removal, the documentation provided does not indicate the medical necessity of hardware removal. As such, the request for hardware removal at L5-S1 is not medically necessary.

One (1) L5-S1 Posterior Spinal Fusion: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307, 310.

Decision rationale: The documentation provided indicates a solid fusion at L5-S1 and no evidence of a pseudoarthrosis. There is no documented instability at L5-S1. California MTUS guidelines indicate there is no good evidence from controlled trials that spinal fusion alone is effective for treating any type of acute low back problem in the absence of spinal fracture, dislocation or spondylolisthesis if there is instability and motion in the segments operated on. Patients with increased spinal instability after surgical decompression at the level of degenerative

spondylolisthesis may be candidates for fusion. As such, a repeat fusion at L5-S1 is not supported by guidelines and is therefore not medically necessary.