MAXIMUS Federal Services

Case Number:	CM14-0214257		
Date Assigned:	01/07/2015	Date of Injury:	03/10/2003
Decision Date:	03/03/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/22/2014

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: Texas
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 52-year-old male who reported an injury on 03/10/2003. The mechanism of injury was not included. His diagnoses included cervical discopathy with radiculitis, lumbar discopathy, electrodiagnostic evidence of chronic left S1 radiculopathy, and left neurologic paresthetica. His past treatments included physical therapy and medication for pain. His diagnostic studies included x-rays. His surgical history included 2 hardware blocks on 07/10/2014 and again in 08/2014. The progress report dated 11/20/2014 documented the injured worker was having complaints of constant pain in the low back that was aggravated by bending, lifting, twisting, pushing, pulling, prolonged sitting, prolonged standing, and walking multiple blocks. The injured worker stated the pain radiated into the lower extremities. He rated the pain at a 4/10. On physical examination, it was noted there was tenderness to the paravertebral muscle with spasm. Seated nerve root test was negative. Medications were not listed. The treatment plan was not documented. The rationale for the request was not included. The Request for Authorization form was not included in the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 L4 through S1 removal of lumbar spinal hardware with inspection of fusion mass, nerve root exploration, and possible regrafting of screw holes and lateral gutters between 11/25/2014 and 3/2/2015.: 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: 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).

Decision rationale: The Official Disability Guidelines state that hardware implant removal is not recommended for 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 routine removal of orthopedic fixation devices after healing remains an issue of debate, but implant removal in symptomatic patients is rated to be moderately effective. The documentation submitted included positive results from 2 previous hardware blocks. X-rays indicated there was a solid fusion at L4-S1. The documentation provided indicated the hardware removal is based on a symptomatic patient and the injured worker has received 2 hardware blocks that were only successful for a short time, the request for 1 L4 through S1 removal of lumbar spinal hardware may be recommended. However, the possible regrafting of screw holes and lateral gutters cannot be determined until the surgery is actually in progress. Therefore, the request is not medically necessary.