

Case Number:	CM15-0111949		
Date Assigned:	06/18/2015	Date of Injury:	01/07/2005
Decision Date:	08/04/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/10/2015

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: Illinois, California, 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:

This injured worker is a 40-year-old male who sustained an industrial injury on 1/7/05. The mechanism of injury was not documented. Past medical history was positive for hypertension, diabetes mellitus, and sleep apnea. Past surgical history was positive for L3-S1 lumbar spine fusion in 2007. The 5/13/15 treating physician report cited constant low back pain and right posterior gluteal pain radiating into his groin and lateral right sided pain. He had undergone several series of lumbar injections, most recently a right L4-S1 transforaminal epidural steroid injection on 5/5/15 which resolved his right leg numbness and tingling and improved his back pain a little. His pain complaint was axial low back pain that comes and goes. Physical exam documented abnormal painful lumbar range of motion, positive right straight leg raise, lumbosacral and buttocks tenderness to palpation, antalgic gait, abnormal patellar and Achilles reflexes, and 4/5 right ankle plantar flexion and bilateral first toe extension weakness. X-rays revealed a prior L3 to S1 reconstruction with some mild degenerative changes. There may be some evidence of graft anteriorly through a transforaminal lumbar interbody fusion type approach. CT myelogram showed prior fusion with anterior consolidation suggestive of TLIF at L3-S1 with hardware. There was some stenosis at the level above with degenerative changes and some possible mild narrowing at the top level. The lumbar spine MRI revealed hardware from L3 to S1 posteriorly with some anterior grafts and approximately 50% disc removal at L4/5. There was some neuroforaminal narrowing and facet arthropathy at L2/3. The assessment indicated the injured worker was status post lumbar reconstruction with right posterior gluteal pain radiating into his groin and lateral right side pain, sacroiliac joint mediated versus hardware

mediated versus adjacent segment mediated. Authorization was requested for lumbar spine surgery L3-S1 exploration of fusion and removal of hardware; inpatient 2-3 days and medical clearance. The 5/19/15 utilization review non-certified the lumbar spine surgery L3-S1 exploration of fusion and removal of hardware and associated surgical requests as there was no documentation of pain complaints specifically related to hardware or evidence of broken, loose, or problematic hardware to support the medical necessity of this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar spine surgery L3-S1 exploration of fusion and removal of hardware: 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 Chapter.

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 Lumbar & Thoracic: Hardware injection (block); Hardware implant removal (fixation).

Decision rationale: The California MTUS does not provide recommendations relative to lumbar hardware removal. The Official Disability Guidelines do not recommend the 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 Official Disability Guidelines recommend the use of a hardware injection (block) for diagnostic evaluation in patients who have undergone a fusion with hardware to determine if continued pain was 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. Guideline criteria have not been met. This patient presents with low back and right gluteal pain radiating into the right groin and lateral right sided pain. There are clinical exam findings of nerve root compression at the L4-S1 levels consistent with positive epidural steroid injection response. There is no imaging evidence suggestive of hardware issues. There are no specific exam findings documented of hardware pain. There is no evidence of a positive hardware block. There is no compelling reason to support the medical necessity of this request prior to confirmatory hardware block. Therefore, this request is not medically necessary.

Inpatient 2-3 days: 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 Chapter, LOS.

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 Lumbar & Thoracic: Hospital length of stay (LOS).

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Medical Clearance: 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 Chapter. Preoperative Testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for Clinical Systems Improvement (ICSI). Preoperative evaluation. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2010 Jun. 40 p.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.