MAXIMUS Federal Services

Case Number:	CM15-0170821		
Date Assigned:	09/18/2015	Date of Injury:	12/03/2001
Decision Date:	11/19/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	08/31/2015

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: California
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 63 year old male who sustained an industrial injury on 12-03-2001. Current diagnoses include status post lumbar fusion with painful retained hardware, and failed back surgery syndrome. Report dated 08-06-2015 noted that the injured worker presented with complaints that included ongoing low back pain with persistent painful retained hardware, and pain in the lower extremities. Pain level was 9 out of 10 on a visual analog scale (VAS). Physical examination performed on 08-06-2015 revealed tenderness to the bilateral pedicle screw areas on the sacral screw site, spasm with range of motion, which is reduced, pain with range of motion. Previous diagnostic studies included a urine drug screening. Previous treatments included medications, surgical intervention, psychological evaluation and treatment. The treatment plan included request for lumbar spine hardware removal, and associated surgical services. Currently the injured worker is not working. Request for authorization dated 08-06-2015, included requests for psychological clearance, post operative Norco 10-325mg, Norco 10-325mg, post op physical therapy sessions, 2 day hospital stay, post-operative Duracef 500mg, pre-op labs, and pre-op EKG. The utilization review dated 08-24-2015, non-certified/modified the request for removal of lumbar spine hardware at the L3-4 and L5-S1, psychological clearance, pre-op labs, pre-op EKG, 2 day hospital stay, post op physical therapy sessions x8, Norco 10-325mg #60, Duracef 500mg, Prilosec 20mg #60 with 3 refills, and post-operative evaluation by a RN after the first 24 hours that the patient is home of the day thereafter.

IMR ISSUES, DECISIONS AND RATIONALES

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

Removal of lumbar spine hardware at the L3-4 and L5-S1: 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 - Lumbar & Thoracic (Acute & Chronic): Hardware implant removal (fixation), 2015.

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.

Decision rationale: CA MTUS/ACOEM is silent on the issue of hardware removal. Per the ODG, Low Back, Hardware Implant Removal, hardware removal is not recommended. It states, "Not recommended the routine removal of hardware fixation exception in a case of broken hardware or persistent pain after ruling out other causes of pain such as infection or nonunion." The ODG goes on to state that hardware injection is recommended for diagnostic evaluation of failed back syndrome. If steroid anesthetic block eliminates pain at the level of the hardware, surgeon may then decide to remove hardware. In this case there is no evidence of symptomatic broken hardware or nonunion to support removal. In addition, there is no evidence of diagnostic block in the records from 8/6/15 to support hardware removal. The records demonstrate a solid fusion. Therefore the determination is for not medically necessary.

Associated surgical service: psychological 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-Lumbar & Thoracic (Acute & Chronic): Psychological screening, 2015.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, office visits.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Pre-op labs: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Practice advisory for preanesthesia evaluation: an updated report by the American Society of Anesthesiologists Task Force on Preanesthesia Evaluation, Anesthesiology, 2012 Mar; 116 (3): 522-38.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) will.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Pre-op EKG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Practice advisory for preanesthesia evaluation: an updated report by the American Society of Anesthesiologists Task Force on Preanesthesia Evaluation, Anesthesiology, 2012 Mar; 116 (3): 522-38.

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, preoperative testing.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Associated surgical service: 2 day hospital stay: 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), ICD-9 Index.

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, hospital length of stay.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Post op physical therapy sessions x8: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Low Back.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Norco 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification).

Decision rationale: According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 80, opioids should be continued if the patient has returned to work and the patient has improved functioning and pain. Based upon the records reviewed there is insufficient evidence to support chronic use of narcotics. There is lack of demonstrated functional improvement, percentage of relief, demonstration of urine toxicology compliance or increase in activity from the exam note of 8/6/15. Therefore the determination is for not medically necessary.

Duracef 500mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Clinical Practice Guidelines for Antimicrobial Prophylaxis in Surgery. Am J Health Syst Pharm. 2013 Feb 1; 7- (3): 195-283.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Infectious Disease Chapter, Cefadroxil.

Decision rationale: CA MTUS/ACOEM is silent on the issue of Duracef. According to the ODG, Infectious Disease Chapter, "Cefadroxil (Duracef) is recommended as first line treatment for infections." In this case, the records submitted does not demonstrate any evidence of active infection. Therefore the determination is for not medically necessary.

Prilosec 20mg #60 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Institute for Health and Care Excellence (NICE). Dyspepsia and gastro-esophageal reflux disease. Investigation and management of dyspepsia, symptoms suggestive of gastro-esophageal reflux disease, or both. London (UK): National Institute for Health and Care Excellence (NICE); 2014 Sep. (Clinical guideline #184).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: Per the CA MTUS Chronic Pain Medical Treatment Guidelines, page 68, recommendation for Prilosec is for patients with risk factors for gastrointestinal events. The cited records from 8/6/15 do not demonstrate that the patient is at risk for gastrointestinal events. Therefore determination is for not medically necessary for the requested Prilosec.

Post-op RN evaluation following the first 24 hours that patient is home: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Follow-up Visits.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Home health services.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.