

Case Number:	CM15-0177226		
Date Assigned:	09/17/2015	Date of Injury:	06/14/2011
Decision Date:	10/21/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	09/09/2015

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 64-year-old male who sustained an industrial injury on 6/4/11. The mechanism of injury was not documented. He underwent L4/5 and L5/S1 decompression and fusion. The 1/23/15 lumbar spine CT scan impression documented the injured worker was status post posterior lumbosacral fusion from L4 to S1 with no evidence of hardware failure. Bony fusion was noted across the disc space. The remainder of the lumbar spine revealed degenerative disc disease, which appeared most prominent at the L2/3 level. Neuroforaminal narrowing could not be excluded at L2/3 and L3/4 without bony evidence of a significant central canal stenosis. The 7/16/15 treating physician report cited complaints of back pain. He reported improvement with surgery but he had hardware related pain when leaning up against material or with a change in weather. Lumbar spine examination documented tenderness over the screw tops, decreased flexion and extension, straight leg raise positive for back pain only, 5/5 lower extremity strength, downward toes on Babinski, and no clonus. The diagnosis was documented as symptomatic hardware, L4/5 and L5/S1. Authorization was requested for removal of hardware lumbar spine L4/5 and L5/S1, exploration of fusion, and possible bone graft, and associated 3-day inpatient stay. The 8/6/14 utilization review non-certified the request for removal of hardware lumbar spine L4/5 and L5/S1, exploration of fusion, and possible bone graft, and associated 3-day inpatient stay. The rationale stated that there were no radiographs demonstrating the current state of the fusion mass, no evidence of broken hardware or other cause of pain, and no documentation of hardware injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Removal of hardware, lumbar spine L4-5, L5-S1, explore fusion, possible bone graft:
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 removal (fixation).

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. Hardware removal is not recommended solely to protect against allergy, carcinogenesis, or metal detection. Although hardware removal is commonly done, it should not be considered a routine procedure. 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 injured worker is status post lumbar decompression and fusion at L4/5 and L5/S1. He reports back pain over the hardware site when leaning up against something or with weather changes. Clinical exam noted tenderness to palpation over the screw heads. Imaging demonstrated solid fusion with no evidence of hardware failure. There is no documentation of a positive hardware injection block. Therefore, this request is not medically necessary at this time.

Associated surgical services: 3-day inpatient stay: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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