

Case Number:	CM15-0178279		
Date Assigned:	09/18/2015	Date of Injury:	05/04/2004
Decision Date:	10/22/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	09/10/2015

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 59-year-old female who sustained an industrial injury on 5/4/04. The mechanism of injury was not documented. She underwent L3/4 decompression and instrumented fusion on 1/21/14. The 3/3/15 lumbar spine x-rays demonstrated solid fusion at the L3/4 vertebral body. The 7/29/15 treating physician report cited continued constant localized mid-back pain which was present even at night when she turned or twisted in bed. This made it difficult for her to sleep through the night. Physical exam documented a slightly stooped forward posture 10 degrees but she could straighten to neutral. Pain was reported over the area of the lumbar hardware with flexion and extension. She had lost weight and was quite trim, making it easy to localize the on-going pain to the area of the hardware. The diagnosis was status post instrumented fusion at L3/4 with retained pedicle screws and rods causing localized pain with range of motion and while turning in bed. The treatment plan recommended removal of the painful hardware. Authorization was requested for removal of hardware, possible augmentation of the fusion mass for the lumbar spine. The 8/18/15 utilization review non-certified the request for lumbar spine hardware removal and possible augmentation of the fusion mass as there was no documentation that the injured worker had undergone a hardware injection/block.

IMR ISSUES, DECISIONS AND RATIONALES

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

Removal of hardware possible augment fusion mass for lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back.

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 (ODG) 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 ODG 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 presents with localized pain with range of motion and turning in bed. She was status post instrumented L3/4 fusion with retained pedicle screws and rods. Clinical exam localized the painful spot to the lumbar hardware. There was no evidence of a positive diagnostic hardware injection test as recommended by guidelines. Therefore, this request is not medically necessary at this time.