

Case Number:	CM15-0024257		
Date Assigned:	02/13/2015	Date of Injury:	02/20/2013
Decision Date:	04/03/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	02/09/2015

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: 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 61 year old female who sustained an industrial injury on 2/20/13 involving severe back and radiating leg pain associated with lumbar spondylolisthesis. She had anterior lumbar interbody fusion and posterior laminectomy and fusion. She is currently experiencing persistent radiating right leg pain in the right L5 nerve root distribution and right S1 nerve root distribution and mechanical low back pain, predominately on the right side in the region of her instrumentation with persistent radiating leg sciatica. Her activities of daily living are compromised. Diagnoses are status post lumbar fusion; right L5 sciatica with weakness; right L5 radiculopathy with weakness and sensory deficit; status post L4 through S1 fusion. Computed tomography demonstrated residual lumbar stenosis at L4-5 and residual neural foraminal stenosis right L5-S1. Her spinal alignment and spinal instrumentation were in a reasonable alignment. In the progress note dated 12/15/14 the treating provider recommended removal of lumbar instrumentation and L4-5 and L5-S1 laminectomy and foraminotomy because of the persistent symptomatology and diagnostic results. On 1/5/15 Utilization Review non-certified the requests for removal of hardware with lumbar laminectomy and foraminotomy at L4-5 and L5-S1 levels and associated services: pre-operative clearances and testing citing ODG, Treatment Index: Low Back Chapter: hardware Implant Removal (fixation).

IMR ISSUES, DECISIONS AND RATIONALES

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

Removal of Hardware with Lumbar Laminectomy and Foraminotomy at the L4-L5 and L5-S1 Levels: 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 Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Section 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 12/15/14 to support hardware removal. The records demonstrate a solid fusion. Therefore the determination is for non-certification.

Associated Surgical Services: Pre-Operative Clearance and Testing: 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 Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Surgeons Section Surgeon Assistant.

Decision rationale: CA MTUS/ACOEM/ODG are silent on the issue of assistant surgeon. According to the American College of Surgeons: "The first assistant to the surgeon during a surgical operation should be a trained individual capable of participating and actively assisting the surgeon to establish a good working team. The first assistant provides aid in exposure, hemostasis, and other technical function which will help the surgeon carry out a safe operation and optimal results for the patient. The role will vary considerably with the surgical operation, specialty area, and type of hospital." There is no indication for an assistant surgeon for a routine removal of Hardware with Lumbar Laminectomy and Foraminotomy at L4-L5 and L5-S1 levels. The guidelines state that "the more complex or risky the operation, the more highly trained the first assistant should be." In this case the decision for an assistant surgeon is not medically necessary and is therefore non-certified.

