

Case Number:	CM15-0033766		
Date Assigned:	02/27/2015	Date of Injury:	08/26/2010
Decision Date:	04/13/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/23/2015

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: Minnesota, Florida
 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 was a 42 year old female, who sustained an industrial injury, August 26, 2010. According to progress note of December 18, 2014, the injured worker's chief complaint was low back pain. The physical exam noted decreased range of motion in the lumbar spine. The flexion was 62 degrees and extension was 10 degrees with negative leg raises. The primary treating physician recommended the hardware of the lumbar spine needed to be removed, also recommended a CT scan of the lumbar spine. The injured worker was diagnosed with lumbago, low back pain, L5-S1 decompression and fusion in August 2013, chronic L5-S1 radiculopathy and symptomatic hardware of the lumbar spine. The CT scan that the primary treating physician recommended on the December 22, 2014 visit was not available in the documentation submitted for review and the last progress note was dated December 18, 2014, which only recommended the hardware removal with exploration of the fusion mass and bone graft. There is no documentation of pseudoarthrosis or instability or hardware failure or loosening. The injured worker previously received the following treatments physical therapy, Norco, Soma, Prilosec, Tylenol, Neurontin, EMG/NCS (electromyography and nerve conduction studies) on April 15, 2014 and Ultram. The primary treating physician requested authorization for removal of hardware L5-S1 with exploration fusion mass bone graft, a 3 day inpatient stay and physical therapy 2 times a week for 6 weeks for the lumbar spine. On January 22, 2015, the Utilization Review denied authorization for removal of hardware L5-S1 with exploration fusion mass bone graft, a 3 day inpatient stay and physical therapy 2 times a week for 6 weeks for the lumbar spine. The denial was based on the MTUS/ACOEM and ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Removal of hardware L5-S1 Explore Fusion Mass 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, Ankle, Hardware implant removal (fracture fixation).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307. Decision based on Non-MTUS Citation ODG: Section: Low Back, Topic: Hardware implant removal.

Decision rationale: ODG guidelines do not recommend 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. Although hardware removal is commonly done it should not be considered a routine procedure. In this case there is no evidence of pseudoarthrosis or failure of the fusion or the hardware. There is no evidence of instability. As such, the documentation does not support exploration of the fusion mass or bone grafting. California MTUS guidelines do not indicate spinal fusion in the absence of spinal fracture, dislocation, or spondylolisthesis if there is instability and motion in the segment operated on. Lumbar fusion in patients with other types of low back pain very seldom cures the patient. As such, the request for removal of hardware, exploration of the fusion mass and bone grafting is not supported by guidelines and the medical necessity of the request has not been substantiated.

3 days in-patient 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, Ankle, Hardware implant removal (fracture fixation).

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.

Physical Therapy, twice a week for six weeks for the 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, Ankle, Hardware implant removal (fracture fixation).

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.