

Case Number:	CM15-0068846		
Date Assigned:	04/16/2015	Date of Injury:	02/19/2004
Decision Date:	06/15/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	04/10/2015

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:

The injured worker is a 62-year-old male who sustained an industrial injury on 2/19/04. The mechanism of injury was not documented. Past medical history was positive for diabetes mellitus, hypertension, and hypercholesterolemia. He underwent posterior lumbar decompression and fusion at L4/5 and L5/S1 on 4/22/11. The 9/17/12 bilateral lower extremity electrodiagnostic study documented findings suggestive of left chronic active L3-L4 radiculopathy. The 1/27/15 treating physician report cited continued and worsening lower back pain radiating down the right leg. His right knee was giving out on him. Physical exam documentation tenderness over hardware, positive right straight leg raise and Lasègue's signs, right S1 radiculopathy, decreased S1 sensation, decreased and painful range of motion, muscle spasms, and 4/5 right motor function. Right knee exam documented joint line tenderness to palpation, positive Apley grind test, positive patellofemoral crepitation, and painful range of motion. The diagnosis was status post lumbar fusion with solid fusion per CT scan, symptomatic lumbar spine hardware, chronic lower back pain, and lumbar radiculitis. The treatment plan included lumbar spine hardware removal and MRI with gadolinium to evaluate increased weakness and pain. The 3/9/15 utilization review non-certified the request for lumbar spine hardware removal as the injured worker had not undergone hardware blockade and updated MRI had been certified and should be reviewed prior to hardware removal.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Spine Hardware Removal: 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 - Lumbar & Thoracic (Acute & Chronic) chapter.

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 & 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 worsening low back pain with lower extremity weakness and sensory deficits. He is status post posterior decompression and fusion at L4/5 and L5/S1 with reported solid fusion. Clinical exam documented tenderness over the lumbar hardware and findings consistent with right S1 radiculopathy. An updated MRI was requested and certified. There is no evidence of a hardware block to confirm hardware as the pain generator. Given the progressive neurologic deficits and worsening radicular pain, review of the updated MRI would be appropriate to rule out other causes of pain. Therefore, this request is not medically necessary at this time.