

Case Number:	CM15-0078162		
Date Assigned:	04/29/2015	Date of Injury:	01/06/2010
Decision Date:	05/28/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	04/23/2015

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: New York

Certification(s)/Specialty: Neurological 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 50-year-old female who sustained an industrial injury on 1/6/10 involving gradual development of low back pain with various activities. She has had multiple examinations and MRI studies. She was told she has problems with her disc and bladder spasms. She was treated with Vesicare, Soma, steroids, Lodine and Nexium. She currently complains of persistent hardware pain that has been present for several months. She has frequent low back pain. Her pain level is 6/10. Medications are Nalfon, omeprazole, cyclobenzaprine, Tramadol. Diagnoses include status post L4-S1 posterior lumbar inter-body fusion (1/31/14); retained symptomatic hardware. Treatments to date include physical therapy; lumbar spine hardware block (3/9/15) with 100% pain relief indicating that this is the pain generator at this time. Diagnostics include lumbar spine x-rays (2/3/15); electrodiagnostic studies of bilateral lower extremities (12/14/10) unremarkable. In the progress note, dated 3/9/15 the treating provider's plan of care includes a request for L4 through S1 removal of lumbar spinal hardware with inspection of fusion mass, nerve root exploration and possible re-grafting of pedicle screw holes. The provider states there is no conservative treatment that could result in improvement of these symptoms. In addition, medical clearance is requested along with assistant surgeon and a two-day inpatient hospital stay.

IMR ISSUES, DECISIONS AND RATIONALES

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

Removal of Lumbar Spinal Hardware with Inspection of Fusion Mass, Nerve Root Exploration, and Possible Re-Grafting of Pedicle Screw Holes: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back, Hardware implant removal (fixation); Fusion.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307.

Decision rationale: The California MTUS guidelines recommend surgery when the patient has had severe persistent, debilitating lower extremity complaints referable to a specific nerve root or spinal cord level corroborated by clear imaging, clinical examination and electrophysiological studies. The guidelines note the patient would have failed a trial of conservative therapy. The provider performed a block in the region of the patient's instrumentation. Documentation is not provided about a blinded administration for authenticity. The provider opines filling of the pedicle screw holes has something to do with the reliability of fusion, which is not verified from literature cites. The report of the MRI scan of 3 February 2015 is not referenced as to the clumping of nerve roots at L3 and below. The guidelines note the surgical repair proposed for the lesion must have evidence of efficacy both in the short and long term. The ODG guidelines do not recommend hardware removal unless there is infection, breakage or establishing it as the source of persisting pain. Evidence is not provided to objectively establish this. Therefore, the request is not medically necessary and appropriate.

Pre-Operative Medical Clearance: 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.

Assistant Surgeon: 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.

Inpatient Stay (2-days): 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.