

Case Number:	CM15-0090737		
Date Assigned:	05/15/2015	Date of Injury:	09/15/2011
Decision Date:	06/16/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	05/11/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 421 year old male, who sustained an industrial injury on September 15, 2011. The injured worker was diagnosed as having lumbosacral radiculopathy. Treatment to date has included lumbar fusion, anesthetic block, and medication. Currently, the injured worker complains of lower back pain radiating into the left lower extremity with numbness and weakness. The Primary Treating Physician's report dated March 30, 2015, noted the injured worker status post lumbar spine fusion with retained hardware, remaining symptomatic with a subsequent anesthetic block performed on March 19, 2015. The injured worker reported feeling immediate pain relief after the block for two hours, after which his symptoms returned. Physical examination was noted to show the injured worker with an antalgic gait, using a single point cane for balance, with spasm and tenderness observed in the lumbar spine paravertebral muscles with decreased range of motion (ROM). Dysesthesia was noted in the L4, L5, and S1 dermatomal distributions bilaterally. The Physician noted the source of the pain was the injured worker's hardware, and was requesting authorization for the hardware removal.

IMR ISSUES, DECISIONS AND RATIONALES

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

Removal of Hardware Posterior Lumbar Spine with Exploration of the Lateral Mass and Bone Grafting: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305.

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 (Acute & Chronic) Hardware implant removal (fixation).

Decision rationale: The injured worker sustained a work related injury on September 15, 2011. The medical records provided indicate the diagnosis of lumbosacral radiculopathy. Treatment to date has included lumbar fusion, anesthetic block, and medication. The medical records provided for review do not indicate a medical necessity for Removal of Hardware Posterior Lumbar Spine with Exploration of the Lateral Mass and Bone Grafting. The MTUS is silent on removal of hardware, but the Official Disability Guidelines recommends against 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 the medical records indicate the injured worker suffers from persistent back pain that improved with local injection to the affected site, there is no indication from the submitted records reviewed the injured was evaluated for other possible causes of the persistent back pain. The request is not medically necessary.