MAXIMUS FEDERAL SERVICES, INC.
Independent Medical Review
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MAXIMUS Federal Services

Independent Medical Review Final Determination Letter

2712
[redacted]

Dated: 12/31/2013

IMR Case Number:	CM13-0022555	**Date of Injury:**	02/09/1995
Claims Number:	[redacted]	**UR Denial Date:**	09/05/2013
Priority:	STANDARD	**Application Received:**	09/10/2013
Employee Name:	[redacted]		
Provider Name:	[redacted]		
Treatment(s) in Dispute Listed on IMR Application:			
REMOVAL OF RETAINED HARDWARE FROM LUMBAR SPINE			

DEAR [redacted]

MAXIMUS Federal Services has completed the Independent Medical Review ("IMR") of the above workers' compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers' Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers' Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations, [redacted]

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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 physician 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/services.

DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [redacted]
- [redacted]
- [redacted]
- [redacted]

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The claimant is a 61 year old male injured February 9, 1995 sustaining an injury to the low back for which he underwent lumbar fusion procedure at an unknown date. The clinical records include a recent MRI report of the lumbar spine January 8, 2013 showing postoperative changes at the L5-S1 level with metallic artifact with no definitive stenosis or neuroforaminal narrowing. There were postoperative changes with metallic artifact at the L4-5 level without canal stenosis or foraminal narrowing. Disc bulging and facet arthropathy were noted at L3-4. Available for review is a neurological assessment of August 5, 2013 with Dr. [redacted] who stated the claimant's current complaints were low back pain and left gluteal pain with a popping sensation to the left buttock. The examination demonstrated tenderness over the lumbosacral spine for which he was wearing a brace. The claimant was able to walk in a comfortable fashion with limited left sided straight leg raising and paraspinous muscle tenderness with well healed scarring noted. The neurologic examination showed trace weakness to the hamstrings and diminished sensation over the lateral calf. Hardware removal was recommended for further definitive care. An August 6, 2013 assessment with Dr. [redacted] also indicated the claimant would require removal of hardware for further definitive treatment of the lumbar spine. He described palpable movement and audible movement on examination. The records do not indicate previous diagnostic hardware injection.

IMR DECISION(S) AND RATIONALE(S)

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

1. Removal of retained hardware from the lumbar spine is not medically necessary and appropriate.

The Claims Administrator based its decision on the 9792.21MTUS and ODG-TWC, Low Back Procedure which is not part of MTUS.

The Physician Reviewer based his/her decision on the Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12) pg.307, which is part of MTUS, as well as the Official Disability Guidelines, 18th Edition, 2013 updates: low back procedure, hardware implant removal fixation, which is not part of MTUS.

The Physician Reviewer's decision rationale:

CA MTUS ACOEM OMPG states surgical referral is appropriate in cases where there is "Clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair". Official Disability Guidelines specifically with respect to hardware removal states, "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". In this case the claimant's fusion dates back to the year 2000 with no indication of imaging demonstrating loosening or malfunction of hardware and no indication of prior injection to the hardware for diagnostic purpose. The role of removal is not supported based on the clinical records for review as guideline criteria have not been satisfied.

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[redacted]

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