

Case Number:	CM14-0154541		
Date Assigned:	09/24/2014	Date of Injury:	01/11/1994
Decision Date:	11/03/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	09/22/2014

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. The expert reviewer is Board Certified in Orthopedic Spine Surgeon and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 55-year-old male who reported an injury on 01/11/1994 due to moving an overhead rack. The injured worker reported sustained an injury to his low back that ultimately resulted in fusion surgery. The injured worker's treatment history included surgical intervention, Functional Restoration Program, an intrathecal pain pump and a positive hardware injection. The injured worker also developed major depressive disorder and received ongoing psychological care due to suicidal ideations. The injured worker underwent a CT scan of the lumbar spine dated 07/19/2014. It is documented that the injured worker had spinal cord stimulator leads entering the spinal canal at the T12-L1 and L3-5 with a solid appearing fusion at the L5-S1. The injured worker was evaluated on 08/20/2014. The injured worker's diagnoses at that appointment included status post L5-S1 global arthrodesis with hardware in 1995 and 1997 and retained painful hardware with successful hardware block. Physical findings including decreased range of motion secondary to pain with diminished bilateral lower extremity strength and a positive straight leg raising testing, right. It was noted that the injured worker had previously undergone a hardware block that provided 100% effective relief for 4 days. An L5-S1 hardware removal was requested. The Request for Authorization form dated 08/22/2014 was submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

L5-S1 Hardware removal: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Contents, Treatment Guidelines, 19th Edition (2014 web) Knee 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 Chapter, Hardware Removal

Decision rationale: The requested L5-S1 hardware removal is medically necessary and appropriate. California Medical Treatment Utilization Schedule does not specifically address this surgical intervention. Official Disability Guidelines recommend hardware removal for patients with persistent pain or broken hardware when all other pain generators have been ruled out. The clinical documentation submitted for review does indicate that the injured worker has undergone an imaging study that did not identify any significant hardware abnormalities. It is also noted that the injured worker underwent a hardware injection that provided 4 days of 100% relief. The injured worker underwent recent lab testing that did not provide any evidence of infection. As the injured worker has a solid appearing fusion on the imaging study with persistent pain complaints that were significantly relieved by the diagnostic hardware injection, hardware removal would be supported in this clinical situation. As such, the requested L5-S1 Hardware Removal is medically necessary.

Assistant surgeon: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 Chapter, Surgical assistants

Decision rationale: The requested assistant surgeon is medically necessary and appropriate. The requested hardware removal at the L5-S1 is supported by the clinical documentation. Official Disability Guidelines do recommend an assistant surgeon for low back surgeries. As such, the requested Assistant Surgeon is medically necessary and appropriate.

1 Day Inpatient Stay: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 Chapter, Hospitalization

Decision rationale: The requested inpatient stay quantity 1 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not address this request.

Official Disability Guidelines do not recommend inpatient hospitalization stay in the absence of acute major back trauma, or in the absence of an ability to manage activities of daily living in the home. The clinical documentation submitted for review does not provide any evidence that the injured worker's surgical intervention cannot be handled on an outpatient basis followed by a 23 hour observational period. There are no documented complicated risk factors such as nonunion that would indicate the need for hospitalization. There is no documentation that the patient is unable to complete activities of daily living following surgical intervention within the home. As such, the requested 1 Day Inpatient Stay is not medically necessary.

Intraoperative neuromonitoring: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 Chapter, Intraoperative neurophysiological monitoring (during surgery)

Decision rationale: The requested intraoperative Neuromonitoring is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does not address this request. Official Disability Guidelines recommend intraoperative monitoring during spinal or intracranial procedures that have a high risk of complications that can be detected through neuropsychological monitoring. The clinical documentation submitted for review does not provide any evidence that the injured worker has any significant risk factors of spinal cord injury intraoperatively. The injured worker has a solid fusion of the L5-S1. Hardware removal should not significantly interfere with this. As such, the requested Intraoperative Neuromonitoring is not medically necessary.