

Case Number:	CM13-0020996		
Date Assigned:	10/11/2013	Date of Injury:	01/08/2001
Decision Date:	01/21/2014	UR Denial Date:	08/08/2013
Priority:	Standard	Application Received:	09/06/2013

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 Connecticut, North Carolina and Pennsylvania. 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. 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 claimant is a 51-year-old female who sustained an injury to her cervical spine in a work related accident that occurred on 01/08/01. The clinical records reflected that she was status post anterior cervical discectomy and fusion performed in 2003. Imaging reports were not available for review however there was reference to CT and MRI studies which were reported as having been done in 2011 revealing findings of a solid fusion with no evidence of other disc pathology. There was a clinical progress report from 09/16/13 documenting that she continued to utilize medications including narcotics with complaints of neck and upper extremity pain. The physical examination findings at that date were of tenderness to the cervical spine over the C3 through 5 areas with restricted flexion and extension, and deep tendon reflexes equal and symmetrical. The recommendation was for surgical intervention in the form of hardware removal for further definitive care.

IMR ISSUES, DECISIONS AND RATIONALES

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

The removal of an anterior cervical plate: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): s 179-181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Procedure.

Decision rationale: The California MTUS ACOEM states "Referral for surgical consultation is indicated for patients who have: -Persistent, severe, and disabling shoulder or arm symptoms - Activity limitation for more than one month or with extreme progression of symptoms -Clear clinical, imaging, and electrophysiologic evidence, consistently indicating the same lesion that has been shown to benefit from surgical repair in both the short- and long-term -Unresolved radicular symptoms after receiving conservative treatment". Official Disability Guidelines specifically address hardware removal; hardware removal is only indicated in the clinical setting of broken hardware, or persistent pain after ruling out other causes of potential pain generators. While the claimant is noted to be with chronic cervical complaints, the etiology of her complaints was not clearly established within the available records. There was not documentation of imaging done after 2011 at which time the records reflected that there was a solid fusion with no evidence of hardware malalignment or malfunction. The California MTUS ACOEM and Official Disability Guidelines requiring documentation of imaging evidence of a surgical lesion have not been satisfied and as such the requested surgical removal of hardware would not be considered as medically necessary.