

Case Number:	CM13-0068642		
Date Assigned:	01/03/2014	Date of Injury:	02/29/2012
Decision Date:	04/21/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	12/19/2013

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 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 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 patient is a 37 year old female who was injured on 02/29/2012 while she was sideswiped and T-boned another vehicle that had run a red light at an intersection in the high desert area. She is certain that she struck her head but is uncertain as to whether she may have lost consciousness very briefly. Prior treatment history has included hardware removal from the right side of C1-2 including removal of a lateral mass screw and translaminar screw with fusion exploration on 02/12/2013. PR-2 dated 10/02/2013 documented the patient to have complaints of feeling weak. She is doing well and headaches are better, no dizziness or nausea. Medications include: 1. Acetaminophen 2. Butalbital-aspirin-caffeine 3. Gabapentin 4. Ibuprofen 5. Meclizine 6. Zolpidem Objective findings on exam included sensation are intact throughout all dermatomes to light touch. Motor strength grossly normal. Discussion: Patient's pain is now on the left side of neck, similar to prior hardware removal on right side. On physical exam there is prominence on the left upper neck. Patient is improving with her vestibular exercise. Will consider hardware removal on left side only if symptoms worsen. PR-2 dated 11/18/2013 documented the patient is doing well. Headaches better, no dizziness or nausea. Feels weak. Objective findings on exam included sensation are intact throughout all dermatomes to light touch. Motor strength is grossly normal. Gait: Normal regular gait and normal tandem gait. Normal heel to toe gait pattern. Inspection, palpation, ROM, stability and strength for 4 extremities normal. Discussion: Patient was unsteady and had a fall 06/28/2013. Presented to the ER, had a CT scan of head which was normal. Patient's pain is worsening. Patient is working with physical therapy. Assessment: Continue with neuropsychology for anxiety and PTSD. Patient's left neck pain is worsening. Wants hardware out. She tried everything. PR-2 dated 12/09/2013 documented the patient to have complaints of panic episodes. Saw [REDACTED], who was recommending surgery to remove the screw in her neck. Hopes this will restore better function. Celexa was helping, but gets

overloaded at times with anxiety and the neck pain and headache. Her service animal has been sent to boot camp for additional training. Work Status: [REDACTED] has requested authorization to remove the left side screw. PT alone has not been alleviating the problem.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL SPINE HARDWARE REMOVAL: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation 9792.21 Medical Treatment Utilization Schedule; 9792.25 and 9792.6 through section 9792.10; Rev Med Suisse. 2009 Apr 29; 5(201):977-80, Is hardware removal a necessity? Unno Vieth F, Ladermann A, Hoffmeyer P.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Online ncbi.nlm.nih.gov; Rev Med Suisse, 2009, Apr 29, 5(201):977-80, Is hardware removal a necessity? Unno Veith F1, Ladermann A., Hoffmeyer, P.

Decision rationale: The patient is documented to have complaints of ongoing pain in the cervical spine region. PR2 on 10/02/2013 show the patient has normal gait, inspection, palpation, ROM, stability and strength for the four extremities and spine. The CA MTUS and ODG are both silent on the removal of hardware. The above referenced article states: "Infected hardware, non-union after surgery or obvious mechanical problems are straightforward indications for implant removal. However, when motivated by pain alone, the procedure can have disappointing results, and patients' expectations should be consequently moderated. Protection against toxicity, allergy, carcinogenesis or possible implant failure should not prompt systematic removal. Overall, implant removal should not be considered a routine procedure, and indications for surgery should reflect the thorough examination of the risks and the benefits." The patient's hardware is not infected; there is no documented non union or obvious mechanical problem documented. The patient's only finding is the increased complaints of pain. Based on the above, the medical necessity has not been established for this patient.