

<b>Case Number:</b>	CM14-0006684		
<b>Date Assigned:</b>	02/07/2014	<b>Date of Injury:</b>	09/27/2007
<b>Decision Date:</b>	07/08/2014	<b>UR Denial Date:</b>	12/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/17/2014

### 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 Surgeon 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 injured worker is a 57-year-old female who reported an injury on 09/29/2007 after she was tearing apart boxes and reportedly sustained an injury to her cervical spine and right upper extremity. The injured worker was conservatively treated, however, ultimately underwent a cervical fusion from the C5-7 in 2012. The injured worker was evaluated on 12/06/2013. It was documented that the injured worker had continued cervical spine pain and complaints of difficulty swallowing. The physical findings in the cervical spine documented a positive head compression sign with limited range of motion secondary to pain and tenderness over the trachea and esophagus. The injured worker was administered an intramuscular injection of Toradol. It was documented that the injured worker had radiographic imaging at that appointment that evidenced a clearly fused cervical spine with a slightly prominent plate at the upper end of the fusion. The request was made for cervical plate removal with possible graft enhancement and/or refusal of revision.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CERVICAL PLATE REMOVAL WITH POSSIBLE GRAFT ENHANCEMENT AND/OR REFUSION OR REVISION:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter, Hardware Removal.

**Decision rationale:** The requested cervical plate removal with possible graft enhancement and/or refusion or revision is not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the injured worker has persistent pain complaints of the cervical spine and complaints of dysphagia. The Official Disability Guidelines recommend hardware removal when all other pain generators have been ruled out. This may include non-fusion or infection. There is no clinical documentation that any diagnostic studies have been done to rule out other pain generators such as infection. Additionally, there is no documentation that the injured worker has undergone any type of active rehabilitation prior to the requested surgical intervention. Furthermore, the request includes refusion or revision intervention. The clinical documentation submitted for review does clearly indicate that the injured worker has a well fused vertebra at the C6-7. Therefore, the need for refusion or revision is not clearly indicated. As such, the requested cervical plate removal with possible graft enhancement and/or refusion or revision is not medically necessary or appropriate.

**TWO-DAY HOSPITAL STAY:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Since the primary procedure is not medically necessary, the associated services are medically necessary.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, the associated services are medically necessary.

**POST-OPERATIVE EVALUATION BY REGISTERED NURSE:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, the associated services are medically necessary.

**ONE-TIME PSYCHOLOGICAL EVALUATION FOR CLEARANCE:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, the associated services are medically necessary.

**POST-OPERATIVE ZOFTRAN:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, the associated services are medically necessary.

**POST-OPERATIVE FOR DURICEF:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Since the primary procedure is not medically necessary, the associated services are medically necessary.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, the associated services are medically necessary.

**POST-OPERATIVE NORCO:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Since the primary procedure is not medically necessary, the associated services are medically necessary.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, the associated services are medically necessary.

**ULTRACET 37.5/325MG, #100:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, the associated services are medically necessary.

**GABAPENTIN 600MG, #90:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, the associated services are medically necessary.

**SUMATRIPTAN SUCCINATE 50MG, #9:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, the associated services are medically necessary.

**ONE TORADOL INJECTION:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Since the primary procedure is not medically necessary, the associated services are medically necessary.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, the associated services are medically necessary.