

Case Number:	CM14-0114513		
Date Assigned:	08/04/2014	Date of Injury:	04/24/2001
Decision Date:	09/12/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	07/21/2014

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 Occupational Medicine 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:

This patient is a 61 y/o female who has had cervical fusion surgery subsequent to an injury dated 4/24/01. She has had a post operative cervical MRI which revealed a solid C5-C6 fusion with moderate spondylitic changes at C3-4. There are very few records from the requesting physician. A hand written note states neck pain, decreased range of motion, tender anterior hardware. No other details are provided such as VAS scales, current treatments or level of impairment secondary to pain. There is no documentation of trials of conservative measures such as physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

HARDWARE BLOCK ANTERIOR NECK: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES.

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, Hardware injections.

Decision rationale: MTUS Guidelines do not address this issue. ODG Guidelines address this issue in the low back section. Spinal hardware injections are only recommended if there is a

failed back syndrome. This term is generally utilized for the lumbar spine when there is continued severe pain which is often associated with neuropathic leg pain and there is a failure of conservative care. A corresponding situation for the cervical spine would be continued, severe neck pain continuing after the post operative period with a failure of conservative care. The requesting physician does not provide adequate documentation to evaluate for compliance with guideline recommendations. Under these circumstances, the cervical hardware block is not medically necessary.