

Case Number:	CM14-0154166		
Date Assigned:	09/23/2014	Date of Injury:	03/27/2000
Decision Date:	12/11/2014	UR Denial Date:	08/25/2014
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 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:

According to the records made available for review, this is a 54-year-old male with a 3/27/00 date of injury, and C5-6 and C6-7 reconstructive surgery on 5/25/04. At the time (7/28/14) of request for authorization for removal of cervical plate, resection of bone spur, 24 in patient stay, there is documentation of subjective (dysphagia) and objective (well healed surgical incision, tenderness over the cervical paravertebral structures, trachea in midline, normal excursion during swallowing, and no adenopathy) findings, imaging findings (CT of the Neck (5/22/14) report revealed anterior cervical fusion from C5-C7, anatomic alignment, and a large spur arising from into the superior aspect of C5), current diagnoses (large anterior vertebral body spur at C5 with resultant encroachment upon the esophagus and resultant dysphagia), and treatment to date (medications). There is no documentation of broken hardware or persistent pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Removal of Cervical Plate, Resection of Bone Spur, 24 In Patient Stay: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 183, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation: Upper Back & Neck Procedure

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 183. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back AND Neck and Upper back, Hardware implant removal AND Hospital length of stay (LOS)

Decision rationale: MTUS reference to ACOEM Guidelines identifies documentation of careful preoperative education of the patient regarding expectations, complications, and short- and long-term sequelae of surgery; failed conservative treatment; and history, exam, and imaging consistent for specific lesion, as criteria necessary to support the medical necessity of neck or upper back surgery. ODG identifies documentation of broken hardware or persistent pain, after ruling out other causes of pain such as infection and nonunion, as criteria necessary to support the medical necessity of hardware implant removal. Specifically regarding hospital length of stay, MTUS does not address the issue. ODG identifies hospital LOS for up to 2 days in the management of Artificial Disc revision. Within the medical information available for review, there is documentation of a diagnosis of large anterior vertebral body spur at C5 with resultant encroachment upon the esophagus and resultant dysphagia. However, given documentation of subjective (dysphagia), objective (well healed surgical incision, tenderness over the cervical paravertebral structures, trachea in midline, normal excursion during swallowing, and no adenopathy) and imaging (anterior cervical fusion from C5-C7, anatomic alignment, and a large spur arising from into the superior aspect of C5) findings, there is no documentation of broken hardware or persistent pain OR imaging documentation explaining dysphagia and the medical necessity for the request to relieve dysphagia. Therefore, based on guidelines and a review of the evidence, the request for removal of cervical plate, resection of bone spur, 24 in patient stay is not medically necessary.