

<b>Case Number:</b>	CM14-0167958		
<b>Date Assigned:</b>	10/15/2014	<b>Date of Injury:</b>	12/11/2010
<b>Decision Date:</b>	11/21/2014	<b>UR Denial Date:</b>	09/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2014

### 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 Neurological Survey 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 52-year-old female who was reportedly injured on December 11, 2010. The mechanism was stated to be climbing over a wall. The most recent progress note regarding the cervical spine is dated September 29, 2014, and included complaints of difficulty swallowing after cervical spine surgery. Previous treatment has included oral medications and physical therapy as well as a C4 - C7 fusion performed on July 16, 2012. An upper endoscopy revealed a small hiatal hernia and no signs of esophagitis. A CT of the cervical spine revealed hardware in good position without compression of the esophagus. A video swallowing study was stated to be normal. It was the opinion on the progress note dated, September 29, 2014 that in light of normal studies hardware removal of the cervical spine would unlikely be helpful. A request was made for cervical spine hardware removal from C5-C7, a 2 to 3 day hospital inpatient stay preoperative medical clearance, and a surgical assistant which was not certified in the pre-authorization process on September 19, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**C5-C7 cervical spine hardware removal, inspection of fusion, and possible re-grafting of screw holes:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment for Workers Compensation, Low Back - Lumbar & Thoracic (Acute & Chronic)

**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 - Lumbar and Thoracic, Hardware Implant Removal, Updated October 28, 2014

**Decision rationale:** According to the gastroenterology progress note dated September 29, 2014, it was stated that hardware removal of the cervical spine is unlikely to be helpful in solving the injured employee's complaints of dysphasia. Objectively there were normal studies to include a CT of the cervical spine, an upper endoscopy, and a video swallowing study. Additionally, the Official Disability Guidelines does not recommend the routine removal of hardware implanted for fixation, except in the case of broken hardware or persistent pain, after ruling out other causes of pain, such as infection and nonunion. In light of these normal studies, gastroenterology evaluation, and the Official Disability Guidelines (ODG), this request for a cervical spine hardware removal from C5 - C7 is not medically necessary.

**Associated surgical service: 2-3 day inpatient stay:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment for Workers Compensation, Hospital Length of Stay

**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, Hospital Length of Stay, Updated August 4, 2014

**Decision rationale:** As the accompanying request for cervical spine hardware removal has been determined not to be medically necessary so is this request for a 2 to 3 day hospital stay.

**Associated surgical service: Pre-operative medical clearance with internist:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Surgery General Information and ground rules, California Official Medical Fee Schedule, 1999 Edition, pages 92-93.

**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 - Lumbar and Thoracic, Preoperative Testing, General, Updated October 28, 2014

**Decision rationale:** As the accompanying request for a cervical spine hardware removal has been determined not to be medically necessary so is this request for a preoperative medical clearance with internist.

**Associated surgical service: Surgery assistant.:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Centers for Medicare and Medicaid Services

Physician Fee Schedule, search, CPT Code 27447 <http://www.cms.gov/apps/physician-fee-schedule/overview.aspx>.

**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 - Lumbar and Thoracic, Surgical Assistant, Updated October 28, 2014

**Decision rationale:** As the accompanying request for a cervical spine hardware removal has been determined not to be medically necessary so is this request for a surgical assistant.