

Case Number:	CM14-0175516		
Date Assigned:	10/28/2014	Date of Injury:	09/21/2006
Decision Date:	12/05/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/23/2014

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 Georgia and South Carolina. 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 59-year-old male who reported an injury on 09/21/2006. The mechanism of injury was not specifically stated. The current diagnoses include status post C3-7 anterior cervical discectomy and fusion with total disc replacement at C3-4 in 05/2009, status post revision fusion at C4-5 in 11/2009, symptomatic retained hardware at C4-5, and lumbar discopathy. The injured worker presented on 08/12/2014 with complaints of constant pain in the cervical spine. The injured worker also reported an increase in radicular pain into the right upper extremity. Physical examination on that date revealed a well healed surgical incision, palpable paravertebral muscle tenderness with spasm, reproducible pain in the posterior segments, positive axial loading compression test, positive Spurling's maneuver, difficulty swallowing and chronic dysphagia, limited range of motion with pain, negative instability, intact coordination and balance, intact motor strength, and radicular pain consistent with a C5 dermatomal distribution. X-rays of the cervical spine revealed evidence of solid incorporation of bone graft from the levels of C4-7, and a total artificial disc replacement at the level of C3-4 with plate and screw fixation at C4-5. Treatment recommendations included a C4-5 removal of the cervical spinal hardware with inspection of fusion mass and regrafting of the screw holes. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

C4-C5 removal cervical spine hardware with inspection fusion mass, regrafting screw holes: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Hardware implant removal (fixation)

Decision rationale: The California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation is indicated for patients who have persistent, severe, and disabling shoulder or arm symptoms; activity limitation for more than 1 month; clear clinical, imaging, and electrophysiologic evidence of a lesion; and unresolved radicular symptoms after conservative treatment. The Official Disability Guidelines does not recommend hardware implant removal except in the case of broken hardware or persistent pain after ruling out other causes of pain such as infection and nonunion. Therefore, the injured worker does not currently meet criteria for the requested procedure. There is no evidence of broken hardware. There is also no mention of a recent attempt at conservative management prior to the request for an additional surgery procedure. As the medical necessity has not been established, the request cannot be determined as medically appropriate at this time.