

<b>Case Number:</b>	CM14-0046515		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	02/05/2002
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	03/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/15/2014

### 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:

The claimant is a 54-year-old female who sustained an injury to the neck on 02/05/02. The medical records provided for review document that following a course of conservative care, the claimant underwent a C5-C7 anterior cervical discectomy and fusion. The 11/29/12 operative report following the cervical fusion documents removal of hardware from C5-C7 with exploration of fusion and fusion procedure at the C4-5 level. The report of a postoperative MRI report of 11/07/13 identified a small remnant of disc protrusion at the C4-5 level with prior fusion noted. A follow up report of 12/13/13 notes continued complaints of cervical pain with examination showing full strength, equal and symmetrical reflexes and no indication of sensory deficit. Recommendation at that time was for removal of prior retained hardware due to claimant's ongoing pain complaints.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Removal of retained anterior cervical plate Cervical plate C4 through C5:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180.

**Decision rationale:** Based on California ACOEM Guidelines, the request for removal of retained anterior cervical plate C4 through C5 including a hardware removal at the C4-5 level would not be indicated. The documentation provided for review does not contain clear clinical imaging or electrophysiological evidence to support the need for the proposed surgery. While claimant has continued complaints of pain, there is no documentation to confirm hardware failure and this individual has undergone multiple prior fusion procedures. Without documentation of hardware failure, the acute need of surgical process in this case for requested Removal of Retained Anterior Cervical Plate Cervical Plate, would not be supported and is not medically necessary.

**1-2- Inpatient Stay Dates:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2013: neck procedure - Fusion, anterior cervical: Hospital length of stay (LOS).

**Decision rationale:** The proposed surgery is not recommended as medically necessary. Therefore, the request for inpatient stay is also not medically necessary.