

Case Number:	CM14-0092514		
Date Assigned:	07/25/2014	Date of Injury:	05/29/2008
Decision Date:	08/28/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	06/18/2014

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 Orthopaedic 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:

This 52-year-old female sustained an industrial injury on 5/29/08, relative to a slip and fall. The patient underwent C4/5 and C5/6 anterior cervical discectomy and fusion with anterior rigid instrumentation on 10/29/10. The 9/24/13 cervical spine MRI impression documented reversal of the cervical lordosis, which may be associated with spasms. There was previous spinal fusion noted at C4, C5, and C6 with metallic artifact. A high-resolution CT scan was recommended if clinically appropriate to assess integrity of the hardware and fusion. There was a 2-3 mm disc bulge with annular tear noted at C4/5 and a 2 mm disc bulge noted at C6/7. There was nerve root compromise of the exiting nerve root at the left at C5/6. The 4/23/14 treating physician report indicated the patient had residual symptoms in the cervical spine consistent with retained symptomatic hardware, including fullness, chronic dysphagia and difficulty swallowing. There was a solid fusion at C4 to C6 with otherwise great outcome. X-rays were obtained and showed solid bone consolidation and grafting at C4/5 and C5/6 with no hardware failure. There was a bulky plate at screw at C4 to C6 that might be causing some esophageal irritation. It was imperative to remove the hardware to prevent the possibility of esophageal erosion. The 5/20/14 utilization review denied the request for cervical hardware removal as the patient's complaint of difficult swallowing may not be due to the hardware. Additional evaluation of the source of the dysphagia would be appropriate.

IMR ISSUES, DECISIONS AND RATIONALES

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

C4 to C6 removal of cervical spinal hardware with inspection of fusion and possible re-grafting of screw holes: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (updated 03/31/814) surgery.

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, Low Back, Plate fixation, cervical spine surgery, Hardware implant removal (fixation).

Decision rationale: The California MTUS does not provide recommendations for cervical hardware removal. The Official Disability Guidelines generally do not recommend removal of hardware implanted for fixation, except in the care of broken hardware or persistent pain, after ruling out other causes of pain such as infection and non-union. Guidelines indicate that there are numerous cervical implant related complications including esophageal erosion and injury to adjacent structures due to hardware. Guideline criteria have been met. The fusion is solid with no evidence of infection. Given the reported dysphagia, hardware removal is supported. Therefore, this request for C4 to C6 removal of cervical spinal hardware with inspection of fusion and possible re-grafting of screw holes is medically necessary.

Medical Clearance: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (updated 05/10/14)- Medical Clearance.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Institute for Clinical Systems Improvement (ICSI). Preoperative evaluation.

Decision rationale: Under consideration is a request for pre-operative medical clearance. The California MTUS guidelines do not provide recommendations for this service. Evidence based medical guidelines indicate that a basic pre-operative assessment is required for all patients undergoing diagnostic or therapeutic procedures. Guideline criteria have been met based on patient age, magnitude of surgical procedure, recumbent position, fluid exchange and the risks of undergoing anesthesia. Therefore, this request for Medical Clearance is medically necessary.

Inpatient stay for 2-3 days: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation InterQual InterQual notes that inpatient length of stay is based on need for.

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 (LOS).

Decision rationale: The California MTUS does not provide recommendations for hospital length of stay. The Official Disability Guidelines recommend the median length of stay (LOS) based on type of surgery, or best practice target LOS for prospective management of cases. The recommended median and best practice target for an anterior cervical fusion is 1 day. Guideline criteria have not been met for a 2 to 3 day length of stay for cervical hardware removal. There is no compelling reason to support the medical necessity of length of stay beyond guideline recommendations. Therefore, this request for Inpatient Stay for 2 to 3 days is not medically necessary.