

Case Number:	CM13-0009320		
Date Assigned:	11/08/2013	Date of Injury:	07/16/2008
Decision Date:	05/01/2015	UR Denial Date:	07/31/2013
Priority:	Standard	Application Received:	08/12/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Pediatrics, Neurological Surgery

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 61-year-old female who reported an injury on 07/16/2008. The mechanism of injury was not provided. The documentation of 06/27/2013, revealed the injured worker had chronic dysphagia and symptomatology related to cervical hardware. The physician opined the injured worker underwent a successful surgical procedure with respect to cervical spine with a hybrid reconstruction. The injured worker the injured worker had significant improvement in overall symptomatology. However, the injured worker had signs and symptoms consistent with retained symptomatic cervical hardware and chronic dysphagia. The injured worker was requesting the implants to be removed. The recommendation was for removal of the implants at C3 through C6. The symptomatology was noted to be in the injured worker's elbows, knees, wrists, and feet had not changed significantly. The physical examination of the cervical spine revealed a well-healed anterior scar. There were complaints of chronic dysphagia. There was some tenderness in the cervical musculature, with no radiculopathy. There were suboccipital type headaches and migraines. X-rays were taken, which revealed the injured worker had solid arthrodesis and fusion at C3 through C6 without hardware failure. The injured worker was noted to undergo an MRI of the cervical spine on 03/25/2013, which revealed no compromise to the cord at any level except at C6-7, where there was compromise on the cord and foramina that was likely apparent and due to artifact. The diagnoses included retained symptomatic cervical hardware. The treatment plan included a removal of the cervical spine hardware. Additionally, it was noted that there would be an inspection of the fusion mass and possible regrafting of the screw holes, if deemed necessary, intraoperatively.

IMR ISSUES, DECISIONS AND RATIONALES

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

C3-C6 Removal of Cervical Spine Hardware with Inspection of the Fusion Mass and Possible Regrafting: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 183.

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 Chapter, Hardware Implant Removal (fixation).

Decision rationale: The American College of Occupational and Environmental Medicine indicates that a surgical consultation may be appropriate for patients who have activity limitation for more than 1 month or with extreme progression of symptoms. There should be documentation of clear clinical, imaging, and electrophysiological evidence consistently indicating the same lesion that has been shown to benefit from surgical repair in both the short and long term. There should be documentation of unresolved radicular symptoms after receiving conservative treatment. The efficacy of cervical fusion for patients with chronic cervical pain without instability has not been demonstrated. The Official Disability Guidelines indicate that hardware implant removal is not recommended except in the case of broken hardware or persistent pain after ruling out other causes, such as infection and nonunion. The clinical documentation submitted for review indicated the injured worker did not have persistent pain and did not have broken hardware. The documentation indicated the injured worker would like the hardware removed, due to chronic dysphagia. There was documentation nonunion had been ruled out. However, as there was a lack of documentation indicating the injured worker had persistent pain or broken hardware, this request would not be supported. Given the above, the request for C3-C6 removal of cervical spine hardware with inspection of the fusion mass and possible regrafting is not medically necessary.

Associated Surgical Service: Inpatient Stay (2-3 days): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated Surgical Service: Assistant Surgeon: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Pre-Operative Labs: CBC and BPM: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.