MAXIMUS Federal Services

Case Number:	CM13-0019575		
Date Assigned:	10/11/2013	Date of Injury:	02/13/2012
Decision Date:	03/19/2015	UR Denial Date:	07/26/2013
Priority:	Standard	Application Received:	09/03/2013

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: New York, New Hampshire, Washington
Certification(s)/Specialty: Orthopedic 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 57 year old male, who sustained an industrial injury on 02/23/2012. He has reported subsequent neck, back and upper extremity pain and was diagnosed with cervical spondylosis with kyphotic deformity and end progressive neurologic deficit, bilateral upper extremity radiculopathy, tendinitis of the bilateral elbows, lumbar discopathy and status post C3-C7 hybrid cervical reconstruction. Treatment to date has included oral pain medication and surgery. In a progress note dated 06/17/2013, the injured worker was noted to have hardware-related pain. Chronic dysphagia was reported as well as symptoms of intolerance to colder weather and increased humidity. Objective examination findings of the cervical spine were notable for some limited range of motion of the cervical spine and dysphagia. Radiographs of the cervical spine taken that day were noted to show excellent position of the implants at levels C3-C7 with no hardware failure. The physician submitted a request for authorization of C4-C7 removal of cervical spine hardware with inspection of the fusion mass and possible regrafting due to some residual symptomatology. On 07/26/2013, Utilization Review non-certified a requests for C4-C7 removal of cervical spine hardware with inspection of the fusion mass and possible regrafting, 2-3 day inpatient stay, assistant surgeon and pre-op medical clearance with Sean Leoni, noting that the exploration of fusion and re-grafting of the holes from the hardware is not supported and that since the surgical procedure is not medically necessary, the need for inpatient stay, assistant surgeon and pre-op medical clearance is not medically necessary. MTUS, ACOEM and ODG guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

C4-C7 REMOVAL OF CERVICAL SPINE HARDWARE WITH INSPECTION OF THE FUSION MASS AND POSSIBLE REGRAFTING: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC, Low Back Procedure Summary and Campbell's Operative Orthopaedics, 10th ed., Mosby, Inc. P.2691-2692, 2703-Disadvantages of Surgical Reduction and Stabilization

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 186.

Decision rationale: 57 yo male with chronic neck and back pain. Had previous neck surgery. MTUS criteria for revision cervical surgery not met. The records do not establish the diagnosis of failure of fusion. There is no CT showing failure of fusion. There are no radiographs showing hardware failure. Neck surgery is not needed.

2-3 DAYS INPATIENT STAY: 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.

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-OP MEDICAL CLEARANCE: 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.