

Case Number:	CM14-0196501		
Date Assigned:	12/04/2014	Date of Injury:	10/13/2010
Decision Date:	01/27/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	11/24/2014

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:

48 year old male claimant with an industrial injury dated 10/13/10. EMG/NSC dated 06/20/11 reveals right C% radiculopathy. MRI of the cervical spine dated 01/10/12 demonstrates moderate central and mild left neural foraminal stenosis at C3-4. The patient is status post a C3-4, C4-5, and C5-6 ACDF along with an revision posterior fusion as of 03/20/13. MRI of the cervical spine dated 10/08/13 reveals an ACDF C3-4 to C5-6, a posterior fusion at C5-6, and a mild broad disc bulge with partial effacement of the CSF at C2-3. It is also noted that there is a C5-6 moderate right, moderate severe right, and moderate left neural foraminal stenosis with partial effacement of CSF. The patient is status post a left shoulder surgery as of 04/16/14. Exam note 09/17/14 states the patient returns with neck pain that is radiating up to his head and down his left arm. Conservative treatments include a left shoulder injection resulting in some pain relief. Upon physical exam there was evidence of tenderness surrounding the cervical spine. The patient demonstrated a positive Spurling test and there was no rigidity noted. The patient experienced pain with flexion, extension, rotation, and lateral flexion. The patient had a motor strength of 4+/5 in the right biceps flexion and hand grip. Motor strength was 4-/5 in the left arm and hand. The patient did not have any swelling or atrophy noted. Sensation was decreased in the left arm. Treatment includes the removal of the posterior cervical hardware.

IMR ISSUES, DECISIONS AND RATIONALES

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

Removal Posterior Cervical Hardware: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hardware implant removal (fixation)

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, Hardware removal.

Decision rationale: CA MTUS/ACOEM/ODG neck is silent on the issue of hardware removal. Alternative guidelines were sought. Per the ODG, Low Back, Hardware Implant Removal, hardware removal is not recommended. It states, "Not recommended the routine removal of hardware fixation exception in a case of broken hardware or persistent pain after ruling out other causes of pain such as infection or nonunion." The ODG goes on to state that hardware injection is recommended for diagnostic evaluation of failed back syndrome. If steroid anesthetic block eliminates pain at the level of the hardware, surgeon may then decide to remove hardware. In this case there is no evidence of symptomatic broken hardware or nonunion to support removal. In addition there is no evidence of diagnostic block in the records from 9/17/14 to support hardware removal. Therefore the determination is for not medically necessary.