

<b>Case Number:</b>	CM15-0103240		
<b>Date Assigned:</b>	06/05/2015	<b>Date of Injury:</b>	03/30/2011
<b>Decision Date:</b>	07/09/2015	<b>UR Denial Date:</b>	05/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/29/2015

### 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

Certification(s)/Specialty: 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 56 year old female, who sustained an industrial injury on 3/30/11. The diagnoses have included C5-C7 anterior cervical discectomy and fusion, retained symptomatic cervical spine hardware, right and left shoulder impingement with tendinitis, and lumbar discopathy with radiculitis. Treatment to date has included medications, activity modifications, diagnostics, cervical spine surgery, physical therapy, and home exercise program (HEP). Currently, as per the physician progress note dated 4/13/15, the injured worker complains of persistent hardware related symptoms in the cervical spine. She has dysphagia and has noted increased pain in the colder weather. She also reports sleeping difficulties with prolonged periods of lying flat. The pain in the cervical spine is constant and sharp and aggravated by repetitive neck motions. She reports that it is worsening and rated 7/10 on pain scale. The physical exam of the cervical spine reveals full range of motion with pain, no evidence of instability, intact circulation and normal sensation and strength. The physician noted that x-rays done in October 2014 revealed there was a solid fusion of the cervical spine and that the injured worker is a candidate for removal of the hardware. The physician requested treatments included C5-C7 Removal of Cervical Spinal Hardware with Inspection of Fusion Mass, Possible Pseudoarthrosis Repair, Surgical Assistant, Pre-op Medical Clearance and Associated Surgical Service: 2-3 Day Inpatient Stay.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**C5-C7 Removal of Cervical Spinal Hardware with Inspection of Fusion Mass: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Treatment for Workers' Compensation, Online Edition Neck and Upper Back Chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178-180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck Chapter-hardware removal.

**Decision rationale:** The California MTUS guidelines recommend cervical surgery when the patient has had severe persistent, debilitating. Upper extremity complaints referable to a specific nerve root or spinal cord level corroborated by clear imaging, clinical examination and electrophysiological studies. Documentation does not provide this evidence. The guidelines note the patient would have failed a trial of conservative therapy. The guidelines note the surgical repair proposed for the lesion must have evidence of efficacy both in the short and long term. The ODG guidelines do recommend removal of hardware which is infected, broken or the cause of persisting pain. Documentation does not provide evidence to support any of these causes. The requested treatment: C5-C7 Removal of Cervical Spinal Hardware with Inspection of Fusion Mass is NOT Medically necessary and appropriate.

**Possible Pseudoarthrosis Rerpair: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment for Workers' Compensation, Online.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178-180.

**Decision rationale:** The California MTUS guidelines do recommend a spinal fusion for traumatic vertebral fracture, dislocation and instability. This patient has not had any of these events. Documentation does not provide evidence the patient's fusion is not intact. The guidelines note that the efficacy of fusion in the absence of instability has not been proven. The requested treatment is not medically necessary.

**Associated surgical services: Surgical Assistant: 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.

**Associated Surgical Service: 2-3 Day 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.