

Case Number:	CM15-0051675		
Date Assigned:	03/25/2015	Date of Injury:	12/20/2012
Decision Date:	05/01/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/18/2015

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 51 year old female, who sustained an industrial injury on December 20, 2012. The injured worker was diagnosed as having anterior cervical discectomy, fusion and plating in March 2013, right subacromial decompression and slap repair, left shoulder bursitis, bilateral elbow and wrist strain and insomnia. Treatment and diagnostic studies to date have included cervical and shoulder surgery and medication. A progress note dated January 15, 2015 provides the injured worker complains of neck, right shoulder and bilateral arm pain. She has persistent neck and arm pain and has requested removal of hardware. Physical exam notes cervical surgical scar and tenderness. The plan continues to be for surgical removal of cervical hardware.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical spine removal of hardware from C6-C7: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, 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) Neck Chapter- Plate Fixation, cervical spine surgery, Spinal fusion chapter- hardware implant removal (fixation).

Decision rationale: The ODG guidelines do not recommend hardware removal unless it is broken or infected or the cause of persistent pain. Documentation does not provide any objective evidence the plate is causing this patient's pain. The provider's assertion that the plate will cause damage to the C4 disc is not supported. ODG guidelines note that there is increased morbidity and mortality if the plate must be removed. The requested treatment: cervical spine removal of hardware from C6-7 is not medically necessary.

Pre-operative medical clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck & Upper Back, Hospital length of stay (LOS).

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.

2 days in-patient stay: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Preoperative testing, general.

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.

Purchase of soft collar: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173.

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.

Purchase of cervical collar: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173.

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.

Orthopedic surgery re-evaluation within 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck & Upper Back, Office visits.

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.

Diclofenac XR 100mg #30 with 1 refill: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

MAXIMUS guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines NSAIDs-specific drug list Page(s): 70 and 71.

Decision rationale: The California MTUS guidelines do recommend the NSAID Diclofenac XR as a second line treatment after Acetaminophen. The guidelines caution that dosages greater than 150mg/day should not be exceeded. The requested treatment Diclofenac XR 100mg #30 with 1 refill is medically necessary.

Sprix nasal spray 15.75mg, 40 units #5 bottles: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Sprix.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs-specific drug list Page(s): 72.

Decision rationale: The California MTUS guidelines note that NSAID Ketorolac which is the major component of the Sprix Nasal Spray carries a Boxed Warning. It is not recommended for minor or chronic painful conditions. Documentation shows that the patient has already been prescribed the NSAID Diclofenac. MTUS guidelines would not recommend doubling the NSAID administration. Therefore, this request is not medically necessary.