

Case Number:	CM14-0146988		
Date Assigned:	09/15/2014	Date of Injury:	05/06/2008
Decision Date:	10/15/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/10/2014

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 Surgeon, has a subspecialty in Spine 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:

According to the records made available for review, this is a 56-year-old female with a 5/6/08 date of injury, status post C4-5 anterior cervical discectomy and fusion in 2011. At the time (8/12/14) of request for authorization for C4-5 plate removal exploration of fusion, assistant surgeon, 2 days hospital stay, and Inter-Operative Spinal Cord, there is documentation of subjective (ongoing difficulty with swallowing following cervical spine surgery and a sensation of food getting stuck in the throat) and objective (no pertinent cervical spine findings) findings, imaging findings (X-rays of the cervical spine (8/12/14) report revealed intact anterior cervical instrumentation without failure or loosening of hardware), current diagnoses (status post C4-5 anterior cervical discectomy and fusion in 2011 and history of dysphagia), and treatment to date (cervical spine fusion). Medical report identifies that cervical plate from prior fusion may be causing symptoms of dysphagia. There is no documentation of broken hardware or persistent pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

C4-5 Plate Removal Exploration Of Fusion, Assistant Surgeon, 2 Days Hospital 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 TWC Updated 03/31/2014

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: MTUS does not address this issue. ODG does not recommend the routine removal of hardware implanted for fixation, except in the case of broken hardware or persistent pain, after ruling out other causes of pain such as infection and nonunion. Within the medical information available for review, there is documentation of diagnoses of status post C4-5 anterior cervical discectomy and fusion in 2011 and history of dysphagia. In addition, there is documentation of status post C4-5 anterior cervical discectomy and fusion in 2011. In addition, given documentation of imaging findings (X-rays of the cervical spine identifying intact anterior cervical instrumentation without failure or loosening of hardware), there is documentation of ruling out infection and nonunion. However, despite documentation of subjective findings (ongoing difficulty with swallowing following cervical spine surgery and a sensation of food getting stuck in the throat), and given no pertinent radiographic and objective findings of the cervical spine, there is no documentation of broken hardware or persistent pain. Therefore, based on guidelines and a review of the evidence, the request for C4-5 plate removal exploration of fusion, assistant surgeon, 2 days hospital stay is not medically necessary.

Inter-Operative Spinal Cord: 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.