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| Case Number: | CM14-0212332 | | |
| Date Assigned: | 01/02/2015 | Date of Injury: | 12/17/1999 |
| Decision Date: | 02/28/2015 | UR Denial Date: | 11/24/2014 |
| Priority: | Standard | Application Received: | 12/18/2014 |

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. 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: Texas

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 58-year-old female who reported an injury on 12/17/1999. The mechanism of injury was not provided. On 07/21/2014, the injured worker presented with neck pain, bilateral scapula and arm pain, and low back pain. Examination of the neck revealed range of motion values of 70 degrees of flexion, 70 degrees of extension, with 5/5 strength in the deltoids, biceps, and wrist flexors and extensors. There was no clonus noted. The diagnoses were anterior compression and fusion from C4-5, C5-6, and C6-7, hardware failure to the C3-4 disc space end plate, synovial cyst L5-S1, narcotic use, and chronic pain. The provider recommended cervical hardware removal at C4-5, C5-6, and C6-7, and inpatient hospital stay x1. The request for authorization was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical hardware removal at C4-5, C5-6 and C6-7: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back- Lumbar & Thoracic (Acute & Chonic) ankle chapter

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: Official Disability Guidelines state that routine removal of hardware implantation is not recommended. There was no evidence of a broken hardware or persistent pain after ruling out other causes of pain such as infection or nonunion. It is not recommended solely to protect against allergy, carcinogenesis, or metal detection. Although hardware removal is commonly done, it should not be considered a routine procedure. There are no subjective or objective deficits noted on physical examination. There are no complaints of pain or evidence of a broken hardware noted. As such, medical necessity has not been established.

In-patient hospital stay x 1 day: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Hospital length of stay

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.