

Case Number:	CM15-0129184		
Date Assigned:	07/15/2015	Date of Injury:	02/06/2012
Decision Date:	08/11/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	07/03/2015

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: California, Indiana, Oregon
 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 44 year old female, who sustained an industrial injury on February 6, 2012. The initial symptoms reported by the injured worker are unknown. The injured worker was most currently diagnosed as having cervical sprain/ strain, insomnia due to chronic pain and anxiety due to chronic pain. Treatment to date has included diagnostic studies, surgery, physical therapy and medications. On April 29, 2015, the injured worker complained of cervical spine pain that radiated into the upper extremities along with increasing left upper extremity neuropathic pain. She described the pain as a burning and electrical pain with numbness and tingling. The treatment plan included medications, follow-up visit and hardware removal in the cervical spine. On June 11, 2015, Utilization Review non-certified the request for cervical surgery to remove anterior cervical plate citing Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical surgery to remove anterior cervical plate: 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), Online Edition, Low back Chapter, 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) loq back.

Decision rationale: CA MTUS/ACOEM is silent on the issue of hardware removal. ODG is silent on cervical hardware removal. 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 documentation of the status of the fusion mass. There is no documentation an imaging suggesting that the hardware is responsible for the radiating symptoms. Based on this the request is not medically necessary.