

Case Number:	CM15-0171682		
Date Assigned:	09/14/2015	Date of Injury:	06/22/2008
Decision Date:	10/15/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	08/31/2015

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: Illinois, California, 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:

This injured worker is a 47-year-old female who sustained an industrial injury on 6/22/08. Injury occurred when she was placing gear in the trunk of her sheriff's vehicle and felt a sudden pain extending down the posterolateral left arm. Past medical history was positive for hypothyroidism, hyperlipidemia, vertigo, headache, insomnia, depression, and gastric pain. She underwent anterior cervical discectomy and fusion on 4/28/09. The 8/9/10 cervical spine CT scan impression documented status post anterior fusion at the C5/6 level. The bone graft material appeared to be well-incorporated surrounding the endplates. There was bilateral uncovertebral joint arthropathy, left greater than right, and mild left neuroforaminal stenosis. The 7/13/15 treating physician report indicated that the injured worker was seen for follow-up. She reported significant pressure on her neck with difficulty swallowing and wanted to discuss hardware removal. She had mild chronic neck pain, occasional flare-ups with headaches and severe pain, and pressure and constant discomfort in the front of her neck. Cervical spine exam documented no evidence of torticollis or deformity, moderate reduction in cervical range of motion with pain at end-range, and midline tenderness to palpation. X-rays were obtained and showed continued appropriate positioning of interbody cage and instrumentation at C5/6 and no evidence of loosening with consolidation of bone graft. The 7/23/15 spine surgery report indicated that the injured worker had had difficulty swallowing ever since her surgery, progressively worsening over the past several months. She complained of a pressure sensation in her anterior neck, like an elephant sitting on her throat, and a frequent choking sensation. She wanted to discuss removal of the cervical plate and screws. She also complained of mild chronic neck pain and occasional

flare-ups with headaches and severe pain. Physical exam documented moderate loss of cervical range of motion with pain at end-range, and midline cervical tenderness. X-rays were obtained and showed no evidence of subsidence of the graft or evidence of hardware loosening. Confirmation of fusion was reported difficult. The cervical plate might be causing the injured worker's symptoms of choking and swallowing difficulties. It would be prudent to confirm that the fusion was mature prior to removal of hardware. Authorization was requested for removal of deep spinal implants in the cervical spine, CT scan of the cervical spine to rule out pseudoarthrosis, and pre-operative medical clearance. The 8/17/15 utilization review non-certified the requests for removal of deep spinal implants in the cervical spine, CT scan of the cervical spine to rule out pseudoarthrosis, and pre-operative medical clearance as prior CT scan in August 2010 confirmed successful fusion, that has been no fixation failure, and in the case of dysphagia the injured worker should be referred for a swallowing study, not a repeat CT scan.

IMR ISSUES, DECISIONS AND RATIONALES

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

Removal of deep spinal implants in the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back: Plate fixation, cervical spine surgery.

Decision rationale: The California MTUS guidelines recommend surgical consideration for patients who have persistent, severe, and disabling shoulder or arm symptoms with activity limitation for more than one month or with extreme progression of symptoms. Guidelines require documented failure of conservative treatment to resolve radicular symptoms and clear clinical, imaging, and electrophysiologic evidence, consistently indicating the same lesion that has been shown to benefit from surgical repair in both the short- and long-term. The Official Disability Guidelines generally do not recommend removal of hardware implanted for fixation, except in the care of broken hardware or persistent pain, after ruling out other causes of pain such as infection and non-union. Guidelines indicate that there are numerous cervical implant related complications including esophageal erosion, injury to adjacent structures due to hardware, and adjacent level ossification. Guideline criteria have not been met. This injured worker presents with chronic neck pain and worsening difficulty with swallowing, anterior neck pressure, and frequent choking sensation. Physical therapy documented limited and painful range of motion and mid-line tenderness to palpation. There is no recent imaging to fully assess adjacent structures or fusion status and no recent swallowing study. X-rays indicate that there is no hardware loosening. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. Therefore, this request is not medically necessary at this time.

CT scan of the cervical spine: Overturned

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 Chapter, Preoperative lab testing (e.g chest radiography, electrocardiography, laboratory testing, urinalysis).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back: Computed tomography (CT).

Decision rationale: The California MTUS guidelines do not address post-operative or repeat CT scans. The Official Disability Guidelines state that repeat CT scans are not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation where MRI is contraindicated). Guideline criteria have been met. This injured worker presents with a significant increase in her anterior neck symptoms and dysphagia. X-rays were obtained but they were reported difficult to assess fusion status. This request is medically reasonable prior to consideration of hardware removal. Therefore, this request is 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, Low Back Chapter, Preoperative testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for Clinical Systems Improvement (ICSI). Preoperative evaluation. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2010 Jun. 40 p.

Decision rationale: As the surgical request is not supported, this request is not medically necessary.