

<b>Case Number:</b>	CM15-0099248		
<b>Date Assigned:</b>	06/01/2015	<b>Date of Injury:</b>	08/09/2012
<b>Decision Date:</b>	07/07/2015	<b>UR Denial Date:</b>	04/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/22/2015

### 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:

The injured worker is a 42-year-old male who sustained an industrial injury on 8/9/12. Injury occurred when he fell out of a chair at work, hitting his right side. Past medical history was positive for hypertension, morbid obesity (BMI >42) and depression. Past surgical history was positive for lumbar fusion in 2008. He underwent C7 to T4 laminectomies and posterior spinal fusion with instrumentation on 10/25/12, and T10 and T11 laminectomies for thoracic myelopathy on 2/21/14. The 3/17/15 orthopedic report cited residual gait disturbance and numbness into his legs. He had pain in the left trapezial areas lateral to the incision site for his cervicothoracic fusion, pain into the back of the left shoulder, and pain in the right shoulder. Current medications include Norco, Tizanidine, and gabapentin. Physical exam documented diminished biceps reflexes at 1/4 bilaterally, normal muscle strength, guarded Spurling's, positive Lhermitte's sign, negative Hoffman's reflex, and non-antalgic gait. Imaging demonstrated significant left sided foraminal stenosis at C2/3, C3/4, C4/5, and C6/7. There was an instrumented decompression and fusion from C7-T4 without complications, It was difficult to tell if it was fused but there was no screw loosening. There was been a thoracic laminectomy at T10/11 with no further stenosis. The diagnosis includes thoracic disc disease with myelopathy, cervical radiculopathy, neuritis and painful hardware. The treatment plan recommended a hardware removal and exploration of the fusion at C7-T4. The surgeon opined that there were two potential sources of pain, one is the hardware and the other is the significant cervical multilevel foraminal stenosis on the left. The surgery would accomplish two goals, one is to relieve any soft tissue impingement from the screws at the cervicothoracic junction and the other would be to explore the fusion. There is a possibility that re-grafting would be needed at one of the area. Also, his cervical spine was most likely contributing to his left sided pain and he may need interventional pain management and/or eventually left sided decompression surgery.

Authorization was requested for hardware removal and exploration fusion and possible repair non-union C7-T4. The 4/30/15 utilization review non-certified the request for hardware removal and exploration fusion C7-T4 and possible repair non-union, as there was no imaging evidence to suggest a pseudoarthrosis.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **HWR with Exploration Fusion & Possible Repair Non-Union C7-T54: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**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 ½ Lumbar & Thoracic: Hardware injection (block); Hardware implant removal (fixation); Neck and Upper Back: Fusion, anterior cervical.

**Decision rationale:** The California MTUS does not provide recommendations relative to spinal hardware removal for revision fusion surgery. The Official Disability Guidelines (ODG) do 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. Guidelines recommend the use of a hardware injection (block) for diagnostic evaluation in patients who have undergone a fusion with hardware to determine if continued pain was caused by the hardware. If the steroid/anesthetic medication can eliminate the pain by reducing the swelling and inflammation near the hardware, the surgeon may decide to remove the patient's hardware. The ODG recommend treatment options for pseudoarthrosis to include a revision anterior approach vs. a posterior approach fusion. Guideline criteria have not been met. This injured worker presents with cervicothoracic and bilateral shoulder pain. There was no imaging evidence of pseudoarthrosis documented in the records. There was no documentation of a positive hardware injection block. There is no evidence that cervical pain was been fully assessed. 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.