

Case Number:	CM13-0034517		
Date Assigned:	12/11/2013	Date of Injury:	11/10/2007
Decision Date:	04/18/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/15/2013

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 Spine Surgery and is licensed to practice in New York. 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:

The patient is a 55-year-old female with the date of injury on November 10, 2007. She complains of neck pain radiating to right hand with weakness and numbness in the right hand. Physical exam shows 4-5 strength in the right finger flexors and intrinsic muscles in the right hand. There is a positive Spurling's test. Treatments have included medications, physical therapy, TENS units, and injections. Due to the lack of response to conservative treatment, the patient underwent ACDF surgery at C4-5 on September 16, 2013. At issue is whether 2 days of inpatient hospital stay are medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Two out of four days requested in-patient stay at [REDACTED] between 9/16/2013 and 9/20/2013 for discectomy and cervical fusion.: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Low Back Chapter, Length of Hospital Stay (Discectomy/Cervical Fusion), and Neck and Upper Back Chapter (Acute & Chronic).

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, Length of Hospital Stay (Discectomy/Cervical Fusion), and Neck and Upper Back Chapter (Acute & Chronic).

Decision rationale: Established guidelines, ODG, recommend up to 2 days of inpatient stay following Anterior Cervical Disc Fusion (ACDF) surgery. The patient underwent single level ACDF fusion surgery. According to guidelines up to 2 days of inpatient hospital stay is appropriate following this type of procedure. Therefore, 2 days of inpatient hospital stay meets established guidelines and is medically necessary after ACDF surgery to ensure that patient has a safe and stable recovery period. Complications with the surgery may be catastrophic and include hematoma, airway problems, and difficulty with swallowing and voice. Two days of hospital stay is reasonable to ensure proper recovery from surgery, the request is certified.