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| Case Number: | CM13-0045167 | | |
| Date Assigned: | 12/27/2013 | Date of Injury: | 02/14/2006 |
| Decision Date: | 03/25/2014 | UR Denial Date: | 10/28/2013 |
| Priority: | Standard | Application Received: | 10/31/2013 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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 physician 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:

This is a female patient of the date of injury of February 14, 2005. A utilization review determination dated October 28, 2013 recommends certification of C3-4 anterior cervical discectomy fusion with instrumentation, certification for assistant surgeon/PA, modified certification for a one day hospital stay (request was for a 2 day hospital stay), modified certification for preoperative medical clearance including CBC and BMP (request was for lab work, chest x-ray, EKG, urinalysis, and H&P), and certification for preoperative cardiology consultation and stress test. A progress report dated September 18, 2013 identifies subjective complaints including severe pain that radiates more to the right side and into the occiput. Physical examination identifies reduced range of motion and tenderness as C3-4 with positive Spurling's sign to the right. Diagnoses include C3-4 severe spondylosis with foraminal stenosis and solid cervical fusion from C4-T2. The treatment plan recommends anterior discectomy and fusion at C3-4.

IMR ISSUES, DECISIONS AND RATIONALES

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

A two day inpatient hospital stay: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG), Neck & Upper Back, Length of Stay.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation the ODG, Low Back Chapter, Hospital Length of Stay.

Decision rationale: California MTUS and ACOEM do not contain criteria for postoperative hospital stays. ODG recommends using the median length of stay based on the type of surgery being performed. ODG goes on to state that the median is a better choice than the mean because it represents the midpoint, at which half of the cases are less, and half are more. Regarding anterior cervical fusion, ODG suggests that a 1-day median length of stay is recommended. Within the documentation available for review, the requesting physician has not indicated why a prolonged hospitalization would be necessary, above and beyond what is recommended by guidelines. Unfortunately, there is no provision to modify the current request. In the absence of the above documentation, the currently requested 2-day hospital stay is not medically necessary.

Preoperative labs including CBC and BMP: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Neck Chapter, Preoperative lab testing, Preoperative Electrocardiogram.

Decision rationale: California MTUS and ACOEM do not contain criteria for the use of preoperative testing. ODG states the preoperative urinalysis is recommended for patients undergoing invasive urological procedures and those undergoing implantation of foreign material; preoperative electrolyte and creatinine clearance testing should be performed in patients with underlying chronic disease and those taking medications that predispose them to electrolyte abnormalities or renal failure; preoperative random glucose testing should be performed in patients at high risk of undiagnosed diabetes mellitus; preoperative A1 C testing is recommended for patients with diagnosed diabetes when the result would change perioperative management; preoperative blood count is recommended for patients with diseases that increase the risk of anemia or patient in whom significant perioperative blood loss is anticipated; preoperative coagulation studies are reserved for patients with a history of bleeding or medical conditions that predispose them to bleeding for those taking anticoagulants. Within documentation available for review, there is no indication that the patient meets any of these criteria. In the absence of such documentation, the currently requested pre-op labs are not medically necessary.