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| Case Number: | CM13-0061373 | | |
| Date Assigned: | 12/30/2013 | Date of Injury: | 04/12/2012 |
| Decision Date: | 10/09/2014 | UR Denial Date: | 11/07/2013 |
| Priority: | Standard | Application Received: | 12/04/2013 |

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 Surgery and is licensed to practice in Texas 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 injured worker is a 54-year-old female who reported an injury on 04/12/2012. The mechanism of injury and medications were not provided. The surgical history included a right wrist De Quervain's release on 04/09/2013. Other therapies included physical therapy. The documentation of 10/22/2013 revealed the injured worker was experiencing significant neck pain with associated left upper extremity radiculopathy along the C6 and C7 distributions. The injured worker noted to have aggravation with prolonged sitting and driving. The physician documented the injured worker's symptoms have not significantly improved with physical therapy, medical management and pain management. Upon physical examination, the injured worker had a positive Spurling's with extension and left lateral rotation. The injured worker had decreased range of motion. The upper extremity neurovascular examination was remarkable for weakness of the left wrist extensor and left triceps. There was a diminished left triceps reflex. There was decreased sensation along the C6 and C7 distribution. The Hoffman's was positive on the left. The diagnoses included cervical disc disease with radiculopathy at C5-6 and C6-7. The treatment plan included a cervical decompression and fusion C5 through C7. There was a Request for Authorization submitted for the requested procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 DAY INPATIENT STAY C5-7 ANTERIOR CERVICAL DECOMPRESSION AND FUSION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM GUIDELINES, CHAPTER 8, 165

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Hospital Length of stay

Decision rationale: The American College of Occupational and Environmental Medicine indicates that surgical consultations may be appropriate for injured workers who have persistent severe and disabling shoulder and arm symptoms with activity limitation for more than 1 month. There should be documentation of 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. There should be documentation of unresolved radicular symptoms after receiving conservative treatment. The clinical documentation submitted for review failed to provide documentation of official reports of imaging and electrophysiologic evidence to support the clinical findings. There was clear clinical evidence indicating a lesion. There was documentation the injured worker had failed conservative care. This request would not be supported. Additionally, the request included a 2 day inpatient stay. The American College of Occupational and Environmental Medicine does not address hospital length of stay. As such, secondary guidelines were sought. The Official Disability Guidelines indicate that the hospital length of stay is 1 day for a cervical decompression and fusion. As the surgical intervention was found to be not medically necessary, and the request for 2 days would be excessive, the request for 2 day inpatient stay C5-7 anterior cervical decompression and fusion is not medically necessary.