

Case Number:	CM13-0071472		
Date Assigned:	01/17/2014	Date of Injury:	06/12/2002
Decision Date:	06/06/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	12/28/2013

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 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 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 42 year old female who reported an injury on 06/12/2002 due to an unknown mechanism. The clinical note dated 11/15/2013 reported the injured worker complained of severe mechanical axial neck pain, headaches, bilateral arm radiculopathies, pain under the right shoulder blade, and numbness and weakness extending through his arm down to his thumb and first two fingers. The physical exam reports neck range of motion was 15 degrees extension, 45 degrees flexion, 30 degrees lateral rotation and his sensation was diminished to the right C6 dermatome. The injured worker is recommended for a inpatient stay x2, for an anterior cervical discectomy. The request for authorization form was dated 11/20/2012.

IMR ISSUES, DECISIONS AND RATIONALES

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

INPATIENT STAY X 2 DAY: 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).

Decision rationale: The Official Disability Guidelines recommend a 1 day inpatient hospital stay for an anterior cervical discectomy. The request for 2 days exceed the recommendations of

the Official Disability Guidelines. The medical records provided for review do not address specific dates for the procedure, or whether or not this is for a retroactive visit. As such, the request is not medically necessary and appropriate.