

Case Number:	CM14-0008871		
Date Assigned:	02/12/2014	Date of Injury:	10/09/2004
Decision Date:	08/11/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	01/22/2014

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:

This is a 48 year-old male with a 10/9/04 date of injury. He had a decompression from C3-C7 with laminoplasty at C4/5 A CT scan dated 9/4/13 noted foraminal stenosis at C5/6, and an MRI. The patient was seen on 11/25/13 with complaints of low back pain. Exam findings revealed a well-healed cervical scar, and decrease cervical range of motion. An anterior discectomy with fusion of the cervical spine was recommended and approved, along with a one-day hospital stay. Treatment to date includes: physical therapy, H-wave, medications, exercise, TENS unit, cervical epidurals. An adverse determination was received on 1/17/14 given the length of stay was not specified. Treatment to date: PT, H-wave, medications, exercise, TENS unit, cervical epidurals. An adverse determination was received on 1/17/14 given the length of stay was not specified.

IMR ISSUES, DECISIONS AND RATIONALES

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

LENGTH OF INPATIENT STAY NOT LISTED QTY:1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Hospital length of stay (LOS).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) NECK CHAPTER- HOSPITAL LENGTH OF STAY, CERVICAL FUSION, DISCECTOMY.

Decision rationale: CA MTUS does not address this issue. ODG states that the suggested length of stay for a cervical discectomy and fusion is one day. This request does not specify an amount of days. 1 day was certified for the procedure, which is in accordance with the guidelines. There is a lack of documentation to support why the patient requires more than one hospital stay for this procedure. Therefore, the request for length of inpatient stay not listed is not medically necessary.