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| Case Number: | CM14-0105198 | | |
| Date Assigned: | 07/30/2014 | Date of Injury: | 09/17/2007 |
| Decision Date: | 09/03/2014 | UR Denial Date: | 06/26/2014 |
| Priority: | Standard | Application Received: | 07/08/2014 |

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, has a subspecialty in Hand 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 46-year-old female who reported an injury on 03/19/2013 due to cumulative trauma while performing normal job duties. The injured worker reportedly sustained an injury to her cervical spine. The injured worker's treatment history included physical therapy and anti-inflammatory medications. The injured worker was evaluated on 06/13/2014. It was documented that the injured worker had ongoing cervical spine pain and radicular complaints. The physical findings included tenderness to palpation over the paraspinal musculature with restricted range of motion and diminished sensation in the right C6 dermatomal distribution. It was noted that the injured worker had undergone a magnetic resonance imaging (MRI) of the cervical spine that concluded there was a C5-6 disc herniation. The injured worker's diagnosis included C6 radiculopathy. A recommendation was made for a C5-6 anterior cervical discectomy and fusion. Request was also made for a 2-day inpatient stay.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 day inpatient stay: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (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), Neck and Upper Back Chapter, Hospital Length of Stay.

Decision rationale: The requested 2-day inpatient stay is not medically necessary or appropriate. A request for authorization was submitted for an anterior cervical decompression and fusion at the C5-6. California Medical Treatment Utilization Schedule does not address hospitalization. Official Disability Guidelines (ODG) recommends a 1 day of in-patient stay for the requested surgery. The clinical documentation does not provide any complicating factors to support the need to extent treatment beyond guideline recommendations. As such, the requested 2-day inpatient stay is not medically necessary or appropriate.