

Case Number:	CM14-0108720		
Date Assigned:	08/01/2014	Date of Injury:	04/30/2009
Decision Date:	10/02/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	07/14/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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 male patient with the date of injury of January 30, 2009. A Utilization Review was performed on June 23, 2014 and recommended certification of anterior cervical discectomy and fusion at C5-6 and C6-7 with corpectomy and modification of 3-day hospital stay to 1-day hospital stay. A Progress Report dated May 6, 2014 identifies increased neck pain, headaches, and increased difficulty using his hands with any type of dexterity-required motions. Physical Examination identifies decreased sensation to light touch in the C7-C8 distribution bilaterally. Diagnoses identify severe cervical spinal stenosis at C5-C6 and C6-C7 with demonstrated cervical cord compression and possible early cervical cord injury. Discussion and Treatment Plan identifies recommend decompression of the compressed cervical spinal cord at C5-C6 and C6-C7 with a two-level anterior cervical discectomy and fusion at both levels.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 Day hospital stay: Upheld

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

Decision rationale: Regarding the request for 3 day hospital stay, California MTUS does not address the issue. ODG recommends the median length of stay (LOS) based on type of surgery, or best practice target LOS for cases with no complications. ODG additionally identifies a median length of stay of 1 day for patients undergoing discectomy/corpectomy and anterior cervical fusion. Within the information available for review, the patient was certified for anterior cervical discectomy and fusion at C5-6 and C6-7 with corpectomy. Guidelines recommend 1 day length of stay for this type of surgery, and there is no documentation of any complications or other factors to support additional days. Unfortunately, there is no provision in place to modify the request. As such, the currently requested 3 day hospital stay is not medically necessary.