

Case Number:	CM14-0112734		
Date Assigned:	08/01/2014	Date of Injury:	05/01/2013
Decision Date:	10/09/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	07/11/2014

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 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 52-year-old female who reported an injury on 05/01/2013. The mechanism of injury was not provided. On 09/03/2014, the injured worker presented for a follow-up. Current medications included Ativan and Nexium. The injured worker was status post disc replacement. An x-ray of the cervical spine performed on 08/07/2014 revealed no acute fractures or subluxation and redemonstrated C5-6 disc arthroplasty. The hardware appeared to be intact with mild reversal of the normal cervical lordosis centered at C3-4. The provider recommended an inpatient stay of 4 days in association with the approved anterior cervical C5-6 disc replacement. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

In-Patient Hospital Stay x 4 days (in association with the approved Anterior Cervical C5-6 Disc Replacement with Neuromonitoring): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.odg-twc.com/odgtwc/neck.htm> - ODG hospital length of stay

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 Back, Hospital Stay

Decision rationale: Official Disability Guidelines recommend a median length of stay based on the type of surgery or best practice target length of stay for cases with no complications. The recommended length of stay for an anterior cervical disc replacement is 1 day. The provider's request for 4 days of inpatient hospital stay exceeds the guideline recommendations. As such, the medical necessity has not been established.