

Case Number:	CM14-0112740		
Date Assigned:	09/22/2014	Date of Injury:	11/21/2002
Decision Date:	10/28/2014	UR Denial Date:	06/02/2014
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 Spinal 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 55-year-old who reported an injury on November 21, 2002 after a slip and fall out of a chair. The injured worker reportedly sustained an injury of the cervical spine. The injured worker underwent fusion surgery at C6-7 with a failure of fusion. The injured worker had persistent significant cervical spine pain. The injured worker was evaluated on July 3, 2013. It was documented that the injured worker was evaluated on March 12, 2014. It was documented that the injured worker had continuing cervical spine pain and restricted range of motion with numbness in the upper extremities. Physical examination findings included mild weakness to resisted motion of the wrist in extension with a positive Spurling's sign. The injured worker's diagnoses status post cervical discectomy and fusion, cervical degenerative disc disease, and cervical radiculopathy. The injured worker's treatment plan included anterior cervical discectomy and fusion at C6-7. The injured worker underwent psychological evaluation on August 31, 2014 that documented that the injured worker was a candidate for surgical intervention. A Request for Authorization for surgical intervention, hospital stay, and an assistant surgeon was previously submitted on January 31, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inpatient hospital stay of two to three days following an anterior cervical decompression and fusion at C6-C7 with instrumentation and assistant: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Surgical Considerations.

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 (LOS)

Decision rationale: The California Medical Treatment Utilization Schedule does not specifically address inpatient hospital stays. The Official Disability Guidelines recommend a 1 day inpatient stay for anterior cervical decompression and fusion. There are no exceptional factors noted to support extending treatment beyond guideline recommendations. As such, the requested for Inpatient hospital stay of two to three days following an anterior cervical decompression and fusion at C6-C7 with instrumentation and assistant is not medically necessary or appropriate.