

Case Number:	CM14-0128143		
Date Assigned:	08/15/2014	Date of Injury:	05/28/2008
Decision Date:	09/18/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/11/2014

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 Spine 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 05/28/2008 secondary to cumulative trauma. The current diagnoses include cervical radiculopathy and cervical spinal stenosis. The injured worker was evaluated on 07/23/2014 with complaints of ongoing posterior neck pain with radiation into the left upper extremity. The injured worker has attempted to return to work and was unable to complete the industrial functions due to neck and left arm pain. It is noted that the injured worker is status post C5-7 ACDF on 08/21/2013. Previous conservative treatment includes physical therapy, medication management, and chiropractic treatment. It is also noted that the injured worker has undergone an MRI of the cervical spine on 04/21/2014 and a CT scan of the cervical spine on 07/17/2014. The official imaging studies were not provided for this review. Physical examination on that date revealed diminished sensation along the left lateral forearm into the thumb and first finger, limited range of motion of the cervical spine, diminished strength in the left upper extremity, and negative Spurling's maneuver. Treatment recommendations at that time included a C5-6 posterior cervical decompression on the left. A Request for Authorization form was then submitted on 07/24/2014 for a C5-6 posterior cervical decompression, a 2 day inpatient hospital stay, an assistant surgeon, and intraoperative spinal cord monitoring.

IMR ISSUES, DECISIONS AND RATIONALES

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

In Patient Hospital Stay (Days): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines 18th Edition (2013 Web) Cervical Spine Hospital Length of Stay (LOS).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Neck & Upper Back Chapter, Hospital Length of Stay (LOS).

Decision rationale: The Official Disability Guidelines state the hospital length of stay following an anterior cervical fusion includes a median of 1 day. The specific time frame or number of days requested was not listed in the current request. Therefore, the request is not medically appropriate.