

Case Number:	CM14-0136246		
Date Assigned:	09/03/2014	Date of Injury:	08/15/2009
Decision Date:	10/02/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/22/2014

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 Occupational Medicine 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 58-year-old male with an 8/15/09 date of injury while working as a firefighter. The patient had a C4-C7 hybrid cervical reconstruction on 2/24/13. He was seen on 7/7/14 with complaints of dysphagia, as well as persistent pain in the cervical spine aggravated by repetitive motion, as well as headaches. Exam findings revealed C-spine pain on terminal motion with paravertebral tenderness with spasm tenderness, as well as positive axial loading compression antes and Spurling's maneuver. A C5-C7 removal of hardware, exploration of prior fusion, and possible regrafting of screw holes was recommended. Treatment to date: surgery, medications, physical therapy. An adverse determination was made on 7/31/14. The request for a 2-3-inpatient stay was modified to a 1 patient stay for a C5 to C7 removal of cervical spinal hardware with inspection of fusion as this is considered the standard of care.

IMR ISSUES, DECISIONS AND RATIONALES

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

2-3 days inpatient stay: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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, Hospital Length of Stay, Anterior Cervical fusion and Discectomy/Corpectomy.

Decision rationale: CA MTUS and ODG do not address the issue of cervical hardware removal with exploration of fusion. However, ODG recommends a 1-day hospital stay for a Discectomy/Corpectomy as well as anterior cervical fusion. This patient has a history of a C4-C7 hybrid fusion with hardware in 2013 (a procedure which incorporates anterior cervical discectomy and fusion (ACDF) and artificial disc replacement (ADR) techniques), and a request for hardware removal with exploration of the cervical hybrid fusion and regrafting of screw holes was already certified. However, it is unclear why a 2-3-inpatient hospital stay is needed for this procedure. Specific co-morbidities were not identified. Therefore, the request for a 2-3-inpatient hospital stay was not medically necessary.