

Case Number:	CM14-0036921		
Date Assigned:	06/25/2014	Date of Injury:	12/07/2011
Decision Date:	07/31/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/26/2014

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 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 52-year-old female grocery clerk sustained an industrial injury on 12/7/11, relative to stocking groceries. The 2/19/14 treating physician appeal cited persistent neck pain radiating to the right upper extremity, stabbing right shoulder pain, and right wrist numbness. The patient was diagnosed with C4/5 disc protrusion with severe central canal stenosis, mild left-sided C7 neuroforaminal stenosis, and mild left shoulder bursitis with acromioclavicular joint pain. The 8/20/13 cervical MRI impression documented underlying congenital spinal stenosis with superimposed severe central canal stenosis at C4/5. The 8/21/13 EMG showed chronic left C7/8 radiculopathy. The cervical exam documented cervical paraspinal and trapezius tenderness and spasms, limited range of motion, positive Spurling's on the left, and decreased C5 and C6 dermatomal sensation. Guidelines were reviewed. The patient exhibited persistent cervical pain and radiculopathy, confirmed by diagnostic testing. The patient had exhausted all possible non-surgical modalities. Authorization was requested for C4/5 anterior cervical discectomy and fusion. The 2/26/14 utilization review denied the request for a 2 day hospital stay for cervical fusion and post-operative home visit by a registered nurse as the associated surgery was determined to be not medically necessary. The 3/4/14 treating physician report cited severe neck pain radiating to the left upper extremity with left hand numbness. Physical exam documented moderate loss of cervical extension and mild to moderate loss of rotation. Spurling's maneuver was positive on the left. Upper extremity strength and deep tendon reflexes were normal. The patient was able to toe and heel walk. A C4/5 anterior discectomy and fusion was recommended. An expedited hearing was pending.

IMR ISSUES, DECISIONS AND RATIONALES

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

Two day hospital stay for cervical fusion: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Cervical fusion, anterior.

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 (LOS).

Decision rationale: The California MTUS does not provide hospital length of stay recommendations. The Official Disability Guidelines recommend the median length of stay (LOS) based on type of surgery, or best practice target LOS for cases with no complications. The recommended mean and best practice target for anterior cervical fusion is 1 day. Guideline criteria have not been met. There is no compelling reason to support the medical necessity of a 2 day length of stay for this patient should surgery be approved. Therefore, this request for two day hospital stay for cervical fusion is not medically necessary.

Post-operative evaluation by Registered Nurse (RN) after first twenty-four (24) hours the patient is home or day after: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines home health services.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51.

Decision rationale: The California MTUS recommends home health services only for otherwise recommended treatment for patients who are homebound, on a part time or intermittent basis, generally no more than 35 hours per week. Guideline criteria have not been met. There is no documentation that the patient requires a nursing evaluation 24 hours after discharge. There is no documentation that a medical treatment is required to be performed by an RN. There is no documentation that the patient would be homebound. Therefore, this request for Post-operative evaluation by a registered nurse (RN) after first twenty-four (24) hours the patient is home or day after is not medically necessary.

