

Case Number:	CM14-0041044		
Date Assigned:	06/30/2014	Date of Injury:	04/28/2003
Decision Date:	07/30/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/08/2014

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 New York. 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 patient is a 61-year-old male with a date of injury of April 28, 2013. He's been diagnosed with left C6 and C7 radiculopathy secondary to C5-6 and C6-7 degenerative spondylosis with foraminal stenosis. Patient also had lumbar L3-4 and L4-5 laminectomy on July 16, 2013. The patient continues to have chronic neck pain. He reports intermittent weakness and numbness in the left arm. X-ray show a chance degenerative changes at C5-6 and C6-7. Physical examination shows decreased sensation in the left C7 and C8 dermatomes. Spurling's test was positive on the left. Cervical motion is decreased. Muscle strength is normal in all muscle groups in the upper extremities. Patient has been treated with cervical epidural steroid injection. He is taking narcotic medication. At issue is whether today hospitalization is necessary after plan two-level ACDF surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Two day 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 (ODG) Neck and Upper Back Chapter, fusion, anterior cervical, hospital length of stay.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG best practice guidelines for anterior cervical discectomy fusion surgery equal 1 day hospitalization.

Decision rationale: 2 days of hospitalization after uncomplicated two-level anterior cervical discectomy and fusion surgery is excessive. Guidelines indicate 1 day hospitalization after ACDF surgery as best practice guideline. ODG guidelines do not support more than one day of hospitalization after uncomplicated two-level cervical fusion surgery. 2 days of hospitalization not medically necessary.