

Case Number:	CM14-0014385		
Date Assigned:	02/21/2014	Date of Injury:	08/02/2002
Decision Date:	03/20/2015	UR Denial Date:	01/20/2014
Priority:	Standard	Application Received:	02/05/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Orthopedic Surgery, Sports Medicine

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 50-year-old female who reported an injury on 08/02/2002. The case had previously been reviewed on 01/20/2014 where the ACDF with 1 level on label FDA approved artificial disc replacement at C5-6 with 2 to 3 days inpatient stay had been modified for anterior cervical discectomy and fusion with a 1 level on label FDA approved artificial disc replacement at C5-6 with 1 day inpatient stay only. X-rays of the cervical spine x4 views were taken on 03/13/2013 which revealed slight retro-subluxation of C5 on C6 with a slight movement and without facet joint dislocation, as well as degenerative spondylosis at C5-6. An MRI of the cervical spine was also performed on the same date which revealed central stenosis of mild to moderate degree at C5-6 and right neural foraminal stenosis of mild degree at C5-6. Additionally, there was left neural foraminal stenosis of severe degree at C5-6 and to a mild to moderate degree at C6-7 and C7-T1 with mild degree at C3-4 and C4-5. Lastly, there was slight retro-subluxation of C5 on C6 without facet joint dislocation. Her previous surgical recommendation had been placed on hold due to her oncologic comorbidities.

IMR ISSUES, DECISIONS AND RATIONALES

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

ANTERIOR CERVICAL DISCECTOMY AND FUSION WITH A ONE LEVEL ON LABEL FDA APPROVED ARTIFICIAL DISC REPLACEMENT AT C5-6, 2-3 DAYS INPATIENT STAY: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter, Hospital Length of Stay.

Decision rationale: According to the California MTUS/ACOEM Guidelines, without having any current clinical documentation providing information regarding the injured worker's symptoms, to include persistent, severe, and disabling shoulder or arm symptoms and any unresolved radicular symptoms after receiving conservative treatment, surgery is not considered a medical necessity. There was no current clinical documentation of the injured worker having exhausted conservative modalities prior to requesting the surgical procedure. Additionally, under the Official Disability Guidelines, injured workers are only supported for 1 day inpatient stay after undergoing an ACDF or artificial disc placement. Therefore, the requested inpatient stay of 2 to 3 days exceeds the maximum allowance under the Official Disability Guidelines. Therefore, the request is not medically necessary.