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| Case Number: | CM14-0189938 | | |
| Date Assigned: | 11/21/2014 | Date of Injury: | 02/29/2012 |
| Decision Date: | 01/08/2015 | UR Denial Date: | 10/21/2014 |
| Priority: | Standard | Application Received: | 11/13/2014 |

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 Neurology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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:

9/11/14 note reports pain occurring in the neck. It radiates into the bilateral upper extremities. There are right sided occipital headaches. There is a reported history of hypertension. There is low back pain that is constant and does not radiate into the lower extremities. Examination notes spasm in the cervical region with associated pain. The assessment is multilevel DJD of the cervical spine. 10/14/14 note indicates request for a C5 to C7 anterior cervical discectomy and fusion with rigid instrumentation. It indicates a request for 2-3 day inpatient stay for the surgery.

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: Overturned

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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) -neck, discectomy

Decision rationale: ODG guidelines support 2-3 days hospital stay for condition of greater than 1 level of surgery being performed. As the medical records indicate 2 levels (C5-C7), the length of hospital stay is supported congruent with ODG.