

Case Number:	CM15-0001626		
Date Assigned:	01/16/2015	Date of Injury:	01/08/2013
Decision Date:	03/10/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	01/05/2015

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: New York, New Hampshire, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 56 year old female with an industrial injury dated 01/08/2013. Her diagnoses include peripheral neuropathy, cervical disc protrusion, degenerative disc cervical spine, and cervical radiculopathy not improving. Diagnostic testing has included an Electromyography (08/2013) of the upper extremities which was reported to show neuropathy, and a MRI of the cervical spine (07/07/2014) which showed a 4 by 8 by 9 mm disc excision at C5-C6 with moderate central canal stenosis and indentation of the spinal cord, a 2 mm central disc protrusion at the C4-C5 without central canal stenosis, and a 2 by 2 mm central disc protrusion at C6-C7 without significant central canal stenosis. She has been treated with epidural steroid injections, medications, and physical therapy. In a progress note dated 11/25/2014, the treating physician reports balance issues and cervical pain despite treatment. The objective examination revealed pain with extension and rotation of the cervical spine, tenderness to palpation, decreased sensation in the upper extremities at the C6-C7 nerve root distributions with no reflexes, and slight weakness of the wrist extensors and biceps on the right side. The treating physician is requesting an anterior cervical discectomy fusion at the C5-C4 and C6-C7 levels, an assistant surgeon and a 1-3 day inpatient hospital stay for which the procedure was approved but the inpatient hospital stay was modified to a one day stay by the utilization review. On 12/08/2014, Utilization Review modified a request for a 1-3 day inpatient hospital stay to approval for a one day hospital stay, noting the best practice recommendation for a one day stay. The ODG was cited. On 01/05/2015, the injured worker submitted an application for IMR for review of hospital stay for one day.

IMR ISSUES, DECISIONS AND RATIONALES

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

1-3 day in patient 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): 186.

Decision rationale: The medical records indicate that the patient has chronic neck pain. There is no evidence of instability, fracture, or tumor. MTUS criteria for acdf fusion surgery not met. There is no progressive neuro deficit. The patient has multiple levels of cervical degeneration. No correlation between exam and imaging. No red flags for surgery. Surgery not indicated at this time.