MAXIMUS Federal Services

Case Number:	CM15-0003680		
Date Assigned:	01/14/2015	Date of Injury:	02/01/2010
Decision Date:	03/20/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/08/2015

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: Minnesota, Florida
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 44-year-old male, with a reported date of injury of 02/01/2010.The diagnoses include cervical radiculopathy and cervical degenerative disc disease.Treatments have included physical therapy; pain medications; long-term home exercise program; and an MRI of the cervical spine on 12/08/2014, which showed multi-level degenerative disc disease, straightening of the upper to mid cervical spine with reduced lordotic curvature, mild-to-moderate disc height reduction at C4-5, moderate disc height reduction at C6-7 with posterior lateral disc protrusion, resulting in moderate bilateral narrowing, and mild central cord contact without spinal cord signal change.The supplemental report dated 12/11/2014 indicates that the injured worker continued to have bilateral neck pain that radiates into the arms. The physical examination of the cervical spine revealed normal cervical lordosis, no tenderness to palpation, no pain, no spasm, and diminished sensation of the right lateral forearm. The treating physician indicated that the injured worker had limited activities, that conservative care was no longer working, and the injured worker developed some progressive weakness on wrist extension on the right side. The treating physician recommended C4-5 and C5-6 disc arthroplasty with a two-day stay since the injured worker had severe degenerative disc disease and central stenosis at C4-5 and C5-6.On 12/17/2014, Utilization Review (UR) modified the request for an associated surgical service: two-day stay, to a one-day stay. The UR physician noted that the best practice goal and median length of stay is one day. The Non-MTUS Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associates Surgical Services: x 2 day stay: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Neck & Upper Back , (updated 11/18/14), Hospital length of stay (LOS)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Section: Neck, Topic: Hospital Length Of Stay, Artificial Disc

Decision rationale: The injured worker has been certified for cervical disc arthroplasty at 2 levels (C4-5 and C5-6). Per ODG guidelines the median length of stay for artificial disc is 1 day; mean is 1.4 days; and the best practice target with no complications is 1 day. For anterior cervical discectomy and fusion the median is 1 day, the mean is 2.2 days, and the best practice target is 1 day. The surgery that was certified is artificial disc or insertion of total spinal disc prosthesis, cervical at 2 levels. Anterior cervical discectomy and fusion is mentioned as an abbreviation (ACDF) and likely represents an error. Therefore the request for a 2 day hospital stay is not supported by guidelines and as such the medical necessity is not established.