MAXIMUS Federal Services

Case Number:	CM15-0102678		
Date Assigned:	06/05/2015	Date of Injury:	01/03/2014
Decision Date:	07/10/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	05/28/2015

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: Ohio, North Carolina, Virginia
Certification(s)/Specialty: Family Practice

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 39 year old female, who sustained an industrial injury on 1/3/2014. The current diagnosis is cervical herniated disc. According to the progress report dated 5/6/2015, the injured worker complains of worsening neck and right arm pain. The level of pain is not rated. The physical examination of the cervical spine reveals limited range of motion due to pain. The current medications are Tramadol, Naproxen, Flexeril, and Protonix. Treatment to date has included medication management, MRI studies, physical therapy, electrodiagnostic testing, and epidural steroid injection. MRI showed disc herniation at the level of C5-6. The plan of care includes anterior cervical discectomy and fusion with 2 day in-patient stay.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 Day in-patient 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 chapter, hospital length of stay (LOS) guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck chapter, Hospital length of stay.

Decision rationale: Per the Official Disability Guidelines, recommend the median length of stay (LOS) based on type of surgery, or best practice target LOS for cases with no complications. For prospective management of cases, median is a better choice that mean (or average) because it represents the mid-point, at which half of the cases are less, and half are more. For retrospective benchmarking of a series of cases, mean may be a better choice because of the effect of outliers on the average length of stay. Length of stay is the number of nights the patient remained in the hospital for that stay, and a patient admitted and discharged on the same day would have a length of stay of zero. The total number of days is typically measured in multiples of a 24-hour day that a patient occupies a hospital bed, so a 23-hour admission would have a length of stay of zero. (HCUP, 2011) The use of ICD9-CM procedure codes to define spine surgery at the cervical spine level, and degenerative cervical spine surgery is highly accurate. Cervical Fusion, Anterior (81.02 -- Other cervical fusion, anterior technique). Actual data -- median 1 day; mean 2.2 days (0.1); discharges 161,761; charges (mean) $[redacted]. Best practice target (no complications) -- 1 days. In this instance, the proposed surgery is an anterior cervical decompression and fusion. The cited guidelines recommend a one day length of stay following surgery based upon median length of stay guidelines for similar procedures. The enclosed medical records suggest that the injured worker has co-morbid pseudo-seizures and possibly anxiety and depression. The presence of these co-morbidities does not tend to indicate that unusual surgical complications should be anticipated thereby prospectively justifying a longer post-operative, inpatient course. Therefore, a 2 day inpatient stay following the proposed surgery is not medically necessary and appropriate in the prospective sense.