MAXIMUS Federal Services

Case Number:	CM15-0187274		
Date Assigned:	09/29/2015	Date of Injury:	07/01/2009
Decision Date:	11/10/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/23/2015

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: Iowa, Illinois, California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 59 year old female, who sustained an industrial injury on 7-1-09. The injured worker was diagnosed as having cervical spinal stenosis. Treatment to date has included physical therapy; acupuncture; medications. Diagnostics studies included MRI cervical spine (1-4-15). A PR-2 dated 7-30-15 noted the injured worker complains of numbness in the right hand, stiffness in the cervical spine and dropping objects from the right hand. She states her pain is constant and episodic and had been present for years. The provider documents "She rates her pain on average at 6 out of 10 in severity. At its worst the pain is 10 out of 10 and with pain medications is 4 out of 10. She states that her pain is aggravated by using her hand and stress in the neck and relieved by lying down and pain medications. She reports pain that is associated with both numbness and weakness." On physical examinations, the provider notes her cervical spine range of motion all within normal limits. Her lumbar spine range of motion is all within normal limits as well. He notes muscle strength with some deficits of 4 out of 5 in the upper and lower extremities. Sensory examination of the upper extremities intact on pinprick sensation in all dermatomes except decreased in the right C6 dermatome. Lower extremities: intact to pinprick sensation. Straight leg raise is negative in both seated and supine. She has a positive right and negative left Phalen's and Tinel's wrists and elbows. The provider documents a MRI of the cervical spine reveals "C5-6 osteophyte causing moderate central canal narrowing and a C6-7 large right sided disc herniation (no date)." The surgical procedure was discussed with the injured worker. Conservative measures are documented as acupuncture, home exercise without

relief. He also notes the injured worker's husband is "83 years old and sometimes has difficulty driving long distances. The provider is requesting transportation to and from the hospital and may require post-operative home healthcare or rehab. The injured worker has been authorized for an anterior cervical discectomy of fusion at C5-C6, C6-C7 with iliac crest autograft. The provider has requested authorization for a 2 day inpatient hospitalization post operatively. The surgery has been authorized. A Request for Authorization is dated 9-23-15. A Utilization Review letter is dated 8-27-15 and non-certification was length of stay (LOS): inpatient times 2 days. Utilization Review authorized the surgery associated with this request: Anterior cervical discectomy of fusion at C5-C6, C6-C7 with iliac crest autograft". A request for authorization has been received for length of stay (LOS): inpatient times 2 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: length of stay (LOS): inpatient times 2 days: 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), Treatment Index, 13th Edition (Web), 2015, Neck and Upper Back, Hospital length of stay (LOS).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), Hospital length of stay (LOS).

Decision rationale: MTUS guidelines are silent specifically with regards to hospital length of stay. Other guidelines were utilized. ODG states "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. (Wang, 2011) ODG hospital length of stay (LOS) guidelines: Discectomy/ Corpectomy (icd 80.51 - Excision of intervertebral disc). Actual data -- median 1 day; mean 2.1 days (0.0); discharges 109,057; charges (mean) $[redacted]. Best practice target (no complications) -- 1 day. 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." Medical records provided indicate this patient has been approved for a cervical fusion, anterior approach. The average length of stay for this type of procedure is 2.2 days. The request is within guidelines. As such, the request for Associated surgical service: length of stay (LOS): inpatient times 2 days is medically necessary.