

Case Number:	CM15-0197381		
Date Assigned:	10/19/2015	Date of Injury:	01/08/2003
Decision Date:	12/01/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	10/07/2015

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 55 year old female, who sustained an industrial injury on 01-08-2003. A review of the medical records indicates that the worker is undergoing treatment for cervical kyphosis with C4-C5 and C5-C6 disc herniation, status post anterior and posterior fusion in 2012, status post removal of posterior lumbar hardware at L4-L5 in 2013 and lumbar spondylosis. Electrodiagnostic report dated 04-13-2015 showed electrophysiological evidence for mild to moderate right C6 sensory radiculopathy. MRI of the cervical spine showed disc desiccation with small disc herniation at C4-C5 and C5-C6. X-ray of the cervical spine dated 08-05-2015 was noted to show kyphosis centered at the C4-C5 level and large anterior osteophyte at C5-C6. Subjective complaints (08-05-2015) included excruciating neck pain with paresthesias in the arms. Objective findings (08-05-2015) included significant tenderness in the cervical spine, range of motion decreased to approximately 75% of normal positive bilateral Spurling's test, decreased biceps reflexes and decreased upper extremity sensation bilaterally at C5 and C6. Treatment has included pain medication, physical therapy and steroid injections. The physician noted that the worker had severe pain and had been miserable despite extensive non-operative treatment to her cervical spine and that a request for anterior cervical decompression and fusion at C4-C5 and C5-C6 with iliac crest bone graft was being submitted. Of note this procedure was approved at utilization review. A utilization review dated 10-06-2015 modified a request for LOS: inpatient x 2 days to certification of LOS: inpatient x 1 day.

IMR ISSUES, DECISIONS AND RATIONALES

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

Two (2) day hospital length of stay: Upheld

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 & 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 Chapter, Hospital length of stay.

Decision rationale: According to ODG guidelines, the best practice target for anterior cervical discectomy and fusion is a 1-day hospital length of stay. As such, the request for a 2 day length of hospital stay is not recommended and the medical necessity of the request has not been substantiated.