MAXIMUS Federal Services

Case Number:	CM15-0214300		
Date Assigned:	11/04/2015	Date of Injury:	06/07/2008
Decision Date:	12/21/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/30/2015

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: Arizona
Certification(s)/Specialty: 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 46 year old male with an industrial injury date of 06-07-2008. Medical record review indicates he is being treated for disc degeneration cervical spine, cervical traumatic disc degeneration below fusion with possible pseudo arthrosis at cervical 6-7. In the treatment note dated 07-21-2015 the treating physician indicated the injured worker had surgery approved "last year, but he was not able to do it." "Now he needs to do it because he is just getting worse and worse." Medications include Norco and Soma. Objective findings (07-21-2015) included the injured worker to be alert and oriented. Cardiac and pulmonary, gastrointestinal, head, eyes, ears, nose and throat exam was documented as normal. Spinal examination showed pain with extension and rotation. The treating physician noted the injured worker needed anterior cervical discectomy and fusion at cervical 7-thoracic 1 with possible revision fusion at cervical 6-7. On 10-02-2015 the request for 2-3 days inpatient hospital stay was modified to a certification of 1 day inpatient hospital stay and the request for pre-op chest x-ray was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated Surgical Services: Hospital stay, 2-3 days inpatient: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Factors affecting hospital length of stay following anterior cervical discectomy and fusion. Evid Based Spine Care J. 2011 Aug; 2(3): 11-18, Factors Affecting Length of Stay and Complications Following Elective Anterior Cervical Discectomy and Fusion: A Study of 2164 Patients From The American College of Surgeons National Surgical Quality Improvement Project Database (ACS NSQIP). Journal of spinal disorders & techniques. 02/2014.

Decision rationale: One retrospective cohort study reports that the mean LOS for patients undergoing anterior cervical discectomy and fusion was 1.98 (1.6) days. For patients who have undergone ACDF, the prognostic factors that contribute to increased postoperative hospital LOS are older age, female gender, and three types of complications-cardiac, urinary, and pulmonary. A second article which was a retrospective review of the prospective American College of Surgeons National Surgical Quality Improvement Project (ACS NSQIP) database with 30-day follow-up of 2164 patients undergoing elective anterior cervical discectomy and fusion (ACDF) reported that by multivariate analysis age > 65, functional status, transfer from facility, preoperative anemia, and diabetes were the preoperative factors predictive of extended LOS. Major complications, minor complications, and extended surgery time were the perioperative factors associated with increased LOS. Average LOS was 2.04.0 days (mean SD) with a range of 0 to 103 days. This review is made with the assumption that the ACDF procedure has been authorized. Based on the above studies, although this patient does not have risk factors for extended LOS, both show a mean and average LOS of approximately 2 days. A hospital stay of 2-3 days is medically necessary for the anterior cervical discectomy and fusion at C7 - T1 with possible revision fusion at C6-7. The prior utilization review is overturned.

Preoperative CXR (chest x-ray): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guidelines Clearinghouse. ACR Appropriateness Criteria routine admission and preoperative chest radiography.http://www.guideline.gov/content.aspx?id=35150.

Decision rationale: Routine preoperative and admission chest radiographs are not recommended except when the following conditions exist:Acute cardiopulmonary disease is suspected on the basis of history and physical examination. There is a history of stable chronic cardiopulmonary disease in an elderly patient (older than age 70) without a recent chest radiograph within the past six months. This review is made with the assumption that the anterior cervical discectomy and fusion at C7-T1 with possible revision fusion at C6-7 was authorized. The physical examination of this 46 year old male from 7/21/2015 documented a normal cardiopulmonary examination and there are no other risk factors identified in the patient's submitted records. Therefore, the preoperative chest x-ray is not medically necessary. The prior utilization review is upheld.