

Case Number:	CM15-0042941		
Date Assigned:	03/13/2015	Date of Injury:	12/08/2011
Decision Date:	05/12/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	03/06/2015

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 57 year old male, who sustained an industrial injury on December 8, 2011. He has reported after lifting and carrying furniture in his office he started having neck and left shoulder pain. The diagnoses have included cervical discopathy, C4-5 and C5-6 with associated cervical spine stenosis and left C7 and C8 radiculopathy. Treatment to date has included Magnetic resonance imaging of the cervical spine on February 1, 2012, left shoulder rotator cuff repair on June 12, 2013. Currently, the injured worker complains of daily headache, constant neck pain, stiffness and burning sensation neck to his upper back and over shoulders and pain, numbness, tingling and weakness in his left arm. In a progress note dated November 25, 2014, the treating provider reports examination of the cervical spine revealed tenderness of the posterior cervical and trapezius muscles, positive foraminal compression test on the left and decreased range of motion. A request for anterior cervical discectomy and fusion at C4-5 and C5-6 was certified by utilization review. The disputed issue pertains to a request for 2 days inpatient hospital stay for the anterior cervical discectomy and fusion which was modified to 1 day citing ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated Surgical Service: 2 Day Inpatient Stay: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Neck, Topic: Hospital length of stay.

Decision rationale: ODG guidelines indicate the hospital length of stay for anterior cervical discectomy and fusion is a median of one day, mean 2.2 days, and best practice target one day if there are no complications. The guidelines recommend the median length of stay, which is one day. The request as stated is for 2 days, which is not supported and as such, the medical necessity of the request has not been substantiated.