

Case Number:	CM15-0055594		
Date Assigned:	03/30/2015	Date of Injury:	11/12/2002
Decision Date:	05/05/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	03/24/2015

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: Illinois, California, Texas
 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 58-year-old female who sustained an industrial injury on 11/12/02. The mechanism of injury was not documented. Past surgical history was positive for C4-7 fusion in 2006. The 12/3/14 cervical spine MRI documented evidence of prior C4/5 fusion with hardware, and cervical spondylosis at C3/4 and C7/T1. There was a posterior osteophyte disc complex and uncovertebral spurring at C3/4 with moderate to severe bilateral neuroforaminal narrowing. There was a posterior disc protrusion at C7/T1. The 3/16/15 utilization review non-certified the request for anterior and posterior C3/4 fusion with instrumentation for a diagnosis of C3/4 severe bilateral fracture, severe disc degeneration and cervical radiculopathy. The rationale for non-certification indicated that the need for posterior fusion was evident. The associated request for 3 day inpatient stay was non-certified as the associated surgery was not medically necessary. Records documented that the request for anterior and posterior C3/4 fusion with instrumentation was certified on appeal.

IMR ISSUES, DECISIONS AND RATIONALES

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

Three (3) days inpatient hospital stay: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Neck & Upper Back (updated 11/18/14) 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: Hospital length of stay (LOS).

Decision rationale: The California MTUS does not provide hospital length of stay recommendations. 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. The recommended median and best practice target for anterior cervical fusion is 1 day and for posterior cervical fusion is 4 days. The request for 3-day inpatient stay for the certified anterior and posterior cervical fusion is consistent with guidelines. Therefore, this request is medically necessary.