

Case Number:	CM15-0084110		
Date Assigned:	05/06/2015	Date of Injury:	08/04/2010
Decision Date:	06/05/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/01/2015

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:

This injured worker is a 53-year-old female who sustained an industrial injury on 8/4/10. Injury was reported due to repetitive clerical work duties. Past medical history was positive for a bipolar condition. The 6/6/14 cervical spine MRI showed a broad-based disc osteophyte complex at C5-6 compressing the anterior spinal cord with neuroforaminal narrowing and a small disc osteophyte complex at C4-5. Records indicated the patient had a 4-year history of neck pain radiating to both arms with numbness and tingling. She had failed multiple months and years of non-operative care including physical therapy, acupuncture, medication, and injections. Exam findings included biceps weakness, and diminished biceps reflex. She had failed multiple months and years of non-operative care including physical therapy, medication, and injections. On 8/20/14, a request for anterior cervical discectomy and fusion at C5/6 with one-day length of stay was certified. She underwent anterior cervical discectomy and fusion at C5/6 on 4/15/15 and was admitted to the hospital from 4/15/15 to 4/17/15. A retrospective request for 1-day inpatient stay was submitted. The 4/29/15 utilization review denied the request for 2-day length of stay as there was no rationale presented to support treatment beyond the 1 day length of stay previously certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional 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 Official Disability Guidelines (ODG) Neck and Upper Back: Hospital length of stay (LOS).

Decision rationale: The California MTUS does not provide recommendations for hospital length of stay. 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 an anterior cervical discectomy and fusion is 1 day. There is no compelling rationale presented, or medical records available that support the medical necessity of inpatient stay beyond the one-day length of stay certified with this surgery. Therefore, this request is not medically necessary.