

Case Number:	CM14-0006022		
Date Assigned:	03/03/2014	Date of Injury:	08/21/2008
Decision Date:	09/08/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	01/13/2014

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. The expert reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant is a 63-year-old who sustained an injury to the lumbar spine on 08/21/08. The medical records provided for review include a request for a four level C3-C7 posterior cervical fusion with instrumentation, a four-day inpatient hospital stay, use of an assistant surgeon and preoperative medical clearance. The claimant is documented to be status post a prior anterior cervical discectomy and fusion from C3-6 in September, 2012. There is no documentation whether or not the surgery has taken place, as it was not certified by peer review in December 2013. There are multiple preoperative requests in this case to include medical clearance, an assistant surgeon, and a four-day inpatient hospital stay.

IMR ISSUES, DECISIONS AND RATIONALES

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

Four day inpatient hospital stay: Overturned

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) Treatment in Worker's Comp, neck procedure Cervical Fusion, Posterior (Other cervical fusion, posterior technique).

Decision rationale: The California MTUS and ACOEM Guidelines do not provide criteria relevant to this request. Based on the Official Disability Guidelines, the request for a four-day stay following a posterior spinal fusion would be indicated. Request in this case was a four level fusion. It is unclear whether surgical process has yet occurred; however, the postoperative use of a four-day inpatient stay would be supported for this surgery.

Assistant surgeon: Overturned

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 Milliman Care Guidelines 18th edition: assistant surgeon.

Decision rationale: The California MTUS and ACOEM Guidelines do not provide criteria relevant to this request. According to the Milliman care Guidelines, an assistant surgeon would be permitted for this surgery. Therefore, the request is medically necessary.

Medical clearance: Overturned

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 ACOEM Practice Guidelines Chapter 7 Independent Medical Examinations and Consultations, page 127.

Decision rationale: California ACEOM Guidelines would support the need for medical clearance prior to this surgery. The proposed surgery involves a four level cervical posterior fusion. Based on the nature of this surgery that would include significant surgical time, anesthesia and postoperative stay, the role of preoperative medical clearance would be supported as medically necessary.