

Case Number:	CM14-0119822		
Date Assigned:	09/16/2014	Date of Injury:	07/28/2007
Decision Date:	10/21/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	07/30/2014

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 Spine Surgeon, and is licensed to practice in Texas. 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 injured worker is a 44-year-old female who reported injury on 07/28/2007. The documentation of 07/28/2014 revealed the injured worker was undergoing a cervical disc replacement on 08/06/2014, and the request was made for a cervical brace for postsurgical stabilization. The documentation of 07/10/2014 revealed the injured worker had subjective complaints of neck pain and right upper extremity worse than left upper extremity pain, numbness, and weakness. The specific mechanism of injury was not provided. The documentation indicated the injured worker had exhausted conservative care, including anti-inflammatory medications, physical therapy, and epidural steroid injection. The prior surgical history was not provided. The medications included Gabapentin, tramadol, Lidoderm patches, and Tylenol No. 4 with codeine. The physical examination revealed the injured worker had decreased range of motion, and the injured worker had strength for the brachioradialis of 4/5 on the right side and 4+/5 on the left. Light touch sensation was slightly diminished in the C6 distribution. The injured worker had a positive Spurling's test. The injured worker had 1+ deep tendon reflexes in the brachioradialis bilaterally. The injured worker was noted to have had an MRI of the cervical spine on 07/23/2012. The diagnoses included C5-6 disc protrusion impinging the thecal sac, cervical spinal stenosis C5-6 symptomatic despite excellent conservative care for the past several years, and adjacent disc pathology including C4-5, C6-7, and, to a lesser extent, C3-4, currently asymptomatic. The treatment plan included a C5-6 disc replacement with neuromonitoring, an assistant surgeon, an overnight stay if the surgical intervention was for a surgery center or, if for a hospital stay, a 3 night stay, and a cervical brace for postoperative stabilization of the level for the first month. The surgical intervention was found to be medically necessary. There was a Request for Authorization for the cervical collar.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Collar: 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 Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Collars (Cervical)

Decision rationale: The Official Disability Guidelines indicate that cervical collars may be appropriate for postoperative and fracture indications. The clinical documentation submitted for review indicated the injured worker's cervical surgery was noted to be at 1 level. There was a lack of documentation indicating a necessity for a cervical collar for a 1 level surgery. Given the above, the request for Cervical Collar is not medically necessary.

4 Day Hospital Stay: 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 Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Hospital length of stay (LOS)

Decision rationale: The Official Disability Guidelines indicate the hospital length of stay for an artificial disc replacement is 1 day. There was a lack of documentation indicating a necessity for a 4 day hospital stay. Given the above, the request for 4 Day Hospital Stay is not medically necessary.