

Case Number:	CM14-0149603		
Date Assigned:	09/18/2014	Date of Injury:	07/08/2010
Decision Date:	11/20/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/15/2014

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 53-year-old female who reported an injury on 07/08/2010 after lifting a wet mattress. The injured worker reportedly sustained an injury to her cervical spine. After failing to respond to conservative treatment, the injured worker underwent an MRI of the cervical spine on 08/11/2014. It was noted that the injured worker had degenerative changes at the C4-5 with mild canal stenosis, moderate to severe left and mild to moderate right sided foraminal stenosis, and mild canal stenosis at the C5-6, C6-7, and C3-4. The injured worker was evaluated on 08/15/2014. It was documented that the injured worker had persistent cervical spine pain. No specific physical exam findings were provided during that evaluation. The injured worker's treatment plan included an anterior cervical discectomy and fusion at the C4-5 and C5-6. It was noted that the injured worker had a history of smoking and needed to stop smoking prior to surgical intervention. A Request for Authorization was submitted on 08/19/2014 for surgical intervention and a 2 day inpatient stay.

IMR ISSUES, DECISIONS AND RATIONALES

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

Two day hospital stay: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines ODG, Neck and Upper Back Chapter, Cervical Spine Discectomy.

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 Chapter, Hospital Length of Stay.

Decision rationale: The requested 2 day inpatient stay is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not address this request. Official Disability Guidelines recommend a 1 day inpatient stay for an anterior fusion. The clinical documentation submitted for review does not provide any evidence of significant risk factors that would support the need to extend treatment beyond the Guideline recommendations. As such, the requested 2 day inpatient stay is not medically necessary or appropriate.