

Case Number:	CM15-0019979		
Date Assigned:	02/09/2015	Date of Injury:	12/17/2008
Decision Date:	03/31/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/02/2015

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: California
 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 year old who sustained an industrial injury on 12/17/2008. Diagnoses include cervical pain, large C5-C6 herniated nucleus pulposus, with severe spinal cord compression. Treatment to date has included extensive conservative treatment. A physician progress note dated 12/19/2014 documents the injured worker's Magnetic Resonance Imaging noted a 2-3 mm diffuse disc bulge with moderate narrowing of the spinal canal at C4-C5. There is hypertrophy with moderate bilateral neural foraminal narrowing at C5-C6 and there is degenerative disc space narrowing with anterior spondylosis. There is a 5mm focal central disc protrusion which severely narrows the spinal canal centrally and causes a ventral impression on the spinal cord. There is minimal flattening of the cord noted on the axial views. Surgery has been approved. Treatment requested is for Hospital Stay; two (2) days. On 01/29/2015 Utilization Review modified the request for hospital stay two days, to hospital stay 1 day, and cited was Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hospital Stay; two (2) days: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: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, Neck, Hospital Length of stay

Decision rationale: CA MTUS/ACOEM is silent on the issue of hospital length of stay following a cervical fusion. According to the ODG, Neck section, Hospital length of stay, a 1 day inpatient stay is recommended following an anterior cervical fusion. As a request is for 2 days the determination is for non-certification has not medically necessary and appropriate.