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| <b>Case Number:</b>   | CM13-0072567 |                              |            |
| <b>Date Assigned:</b> | 01/08/2014   | <b>Date of Injury:</b>       | 07/23/2011 |
| <b>Decision Date:</b> | 05/23/2014   | <b>UR Denial Date:</b>       | 12/04/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/31/2013 |

### 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 Pennsylvania. 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:

This claimant is a 52-year-old gentleman who was injured in a work-related accident 07/23/11 sustaining injury to his low back as well as his cervical spine. The previous clinical records and utilization review indicates that the claimant has recently been certified for a C6-7 anterior cervical discectomy and fusion (ACDF) with implantation of hardware. The current clinical requests are in regard to the claimant's upcoming surgical process. There is a request for a Minerva collar for the cervical spine as well as a "two to three day" inpatient stay following the one-level fusion procedure. Further clinical records in this case are not pertinent to the specific requests.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **2-3 DAYS INPATIENT STAY: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Upper Back & Neck Procedure Summary.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck Procedure, Fusion, Anterior Cervical.

**Decision rationale:** California ACOEM guidelines are silent. When looking at Official Disability Guideline criteria, guidelines recommend a one-day inpatient stay following a fusion procedure. The specific request for a two to three day inpatient stay without documentation of understanding comorbidity or significant risk factors to prolong an inpatient admission would not be indicated in this one-level surgical process.

**CERVICAL COLLAR: MINERVA MINI COLLAR #1:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Neck & Upper Back Procedure Summary

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck Procedure, Fusion, Anterior Cervical

**Decision rationale:** The California MTUS guidelines are silent regarding use of collars in the post fusion setting. When looking at Official Disability Guideline criteria, cervical collars following fusion are not recommended after single-level procedures with plating. The records indicate in this case a one-level procedure is to take place. Thus, the ODG guideline criteria would not support the role of this device in the postoperative setting.