

<b>Case Number:</b>	CM14-0023090		
<b>Date Assigned:</b>	06/04/2014	<b>Date of Injury:</b>	08/02/2010
<b>Decision Date:</b>	08/01/2014	<b>UR Denial Date:</b>	12/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/14/2014

### 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 injured worker is a 56-year-old male who reported an injury on 08/02/2010. The mechanism of injury was the injured worker was working under an ACFT, bumped into another employee, turned and hit the ACFT with his head, and then he fell. Prior treatments included chiropractic care, physical therapy, C-collar, a C3-6 laminectomy with posterior fusion, cervical spine fusion on 10/26/2010, and a laminectomy-fusion of C2-7 in 11/2010. The injured worker was noted to be a smoker. The injured worker underwent an MRI of the cervical spine with and without contrast on 08/21/2013 which revealed a non-displaced comminuted fracture of the left anterior arc of C1, a non-displaced fracture of the right lamina and left pedicle of C1, and a non-displaced oblique fracture at the base of the dens of C2. The laminectomies from C3-6 had lateral mass screw fixation and posterolateral fusion. There was reversal of cervical lordosis with a suggestion of mild posterior subluxation of the C6 vertebral body and there was multilevel degenerative spondylosis of the cervical spine. At the level of C4-5, there was mild to moderate disc height loss with mild posterior disc osteophyte complex. There were uncovertebral osteophytes causing moderate foraminal stenosis and mild to moderate left foraminal stenosis. There was no central canal stenosis. At the level of C5-6, there was moderate disc height loss. There was a mild posterior disc osteophyte complex. There were uncovertebral osteophytes causing mild to moderate bilateral frontal stenosis left greater than right. The central canal stenosis was seen. At the level of C6-7, there was moderate to severe disc height loss. A post disc osteophyte complex was seen. There were uncovertebral osteophytes causing moderate bilateral foraminal stenosis left greater than right and no central canal stenosis was seen. The injured worker underwent a physical examination on 12/18/2013 which revealed the injured worker had complaints of neck pain and tingling and numbness in the upper extremities and an unsteady gait. Physical examination revealed mild left grip weakness and decreased left C6

sensation. The Romberg's was positive. The diagnosis was cervical spondylosis. Treatment plan was an anterior cervical discectomy and fusion at C4-5, C5-6, and C6-7 with 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:

#### **INPATIENT ANTERIOR CERVICAL DISCECTOMY AND FUSION CERVICAL 4-5, CERVICAL 5-6, CERVICAL 6-7 WITH 2 DAY STAY.: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 166, 180-183.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Hospital Length of Stay.

**Decision rationale:** ACOEM Guidelines indicate that a surgical consultation is appropriate for injured workers who have persistent, severe, and disabling shoulder or arm symptoms with activity limitation for more than 1 month or extreme progression of symptoms, clear clinical, imaging, and electrophysiologic evidence consistently indicating the same lesion that has been shown to benefit from surgical repair in both the short-term and long-term, and unresolved radicular symptoms after receiving conservative treatment. The clinical documentation submitted for review indicated the injured worker had findings of central canal stenosis at C5-6. At the level of C4-5 and C6-7, there was no documentation of central stenosis. There was no documentation of nerve impingement. The clinical examination of the injured worker had mild left grip weakness and decreased left C6 sensation. However, there were no objective findings for the level of C4-5. There were no electrodiagnostics submitted for review. There was no documentation of a failure of conservative care. This portion of the request would not be supported. The California MTUS/ACOEM Guidelines do not specifically address inpatient hospital stay. The Official Disability Guidelines indicate that the inpatient hospital stay for a cervical fusion, discectomy is 1 day. However, as the requested procedure was not found to be medically necessary, this request would not be supported. Given the above, the request for inpatient anterior cervical discectomy and fusion cervical 4-5, cervical 5-6, cervical 6-7 with 2 day stay is not medically necessary.