

<b>Case Number:</b>	CM14-0060473		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	08/23/2012
<b>Decision Date:</b>	01/30/2015	<b>UR Denial Date:</b>	04/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/01/2014

### 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 Surgery, 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 49-year-old female who reported an injury on 08/23/2012. The mechanism of injury was not stated. The current diagnoses include bilateral shoulder strain, cervical spine stenosis, cervical degenerative disc disease, and tendonitis of the shoulder. The injured worker presented on 01/31/2014 with complaints of 8/10 right sided neck pain. Previous conservative treatment is noted to include physical therapy, acupuncture, medication management, and a cervical epidural steroid injection. Physical examination was not provided on that date. A request was submitted for an EMG and a psychological evaluation. The patient had also been recommended to undergo a single level ACDF at C5-6 to address cervical spine stenosis. There was no Request for Authorization form submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Inpatient 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); Length of Stay Guidelines.

**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 state the median length of stay following an anterior cervical fusion includes 1 day. The specific duration of the inpatient stay was not listed in the request. Therefore, the request is not medically necessary and appropriate at this time.