

<b>Case Number:</b>	CM15-0002976		
<b>Date Assigned:</b>	01/13/2015	<b>Date of Injury:</b>	02/23/2000
<b>Decision Date:</b>	03/23/2015	<b>UR Denial Date:</b>	12/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/07/2015

### 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, Sports Medicine

### 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 58-year-old female who reported injury on 02/23/2000. The mechanism of injury was not provided. The injured worker was noted to undergo a carpal tunnel surgery and lumbar posterior decompression with a subsequent anterior lumbar interbody fusion and decompression. The injured worker was noted to utilize gastroprotectants since at least 06/10/2014. The documentation of 12/16/2014 revealed the injured worker had worsening cervical spine complaints. The base of the neck pain was radiating to the right and left shoulder, and down her left upper extremity. The injured worker's range of motion was significantly limited by pain and tightness. The injured worker had undergone extensive conservative treatment, including physical therapy, home exercise, and activity modification without long term improvement. There was noted to be evidence of neurologic compromise with diminished sensation over the C6 dermatome on the left. There were deficits in the deep tendon reflexes, and there was a positive Spurling's sign. There were noted to be plain films obtained, which demonstrated a severe collapse of the C5-6 disc space anteriorly. The recommendation was for an anterior cervical discectomy and fusion at C5-6. Additionally, the physician documented the procedure would require an assistant surgeon, 2 to 3 day inpatient hospital stay, and an Aspen collar for postoperative use. The injured worker was prescribed medication refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Associated surgical service: inpatient hospital stay, 3 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 (ODG), Neck and upper back, Hospital length of stay; Cervical fusion, anterior

**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.

**Decision rationale:** The Official Disability Guidelines indicate that the median stay for an anterior cervical fusion is 1 day; for a discectomy, it is 1 day. There was a lack of documentation indicating a necessity for a 3 day stay. This review presumes that a surgery is planned and will proceed. There is no medical necessity for this request if the surgery does not occur. Given the above, the request for associated surgical service, inpatient hospital stay, 3 days, is not medically necessary.

**Associated surgical service: prilosec 20mg quantity 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 69.

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines recommend proton pump inhibitors for injured workers who are at intermediate or high risk for gastrointestinal events. The clinical documentation submitted for review indicated the injured worker was utilizing the medication for gastroprotectant purposes. There was a lack of documentation indicting the injured worker had been assessed and found to be at risk. There was a lack of documentation of efficacy for the requested medication. Additionally, the request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for associated surgical service, Prilosec 20 mg quantity 60, is not medically necessary.