

<b>Case Number:</b>	CM15-0130171		
<b>Date Assigned:</b>	07/24/2015	<b>Date of Injury:</b>	11/21/2002
<b>Decision Date:</b>	09/16/2015	<b>UR Denial Date:</b>	06/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/06/2015

### 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 55 year old female, who sustained an industrial injury on 11/21/2002. She has reported injury to the head, neck, shoulder, and back. The diagnoses have included neck pain; cervical spondylosis with myelopathy; and status post two-level anterior cervical fusion at the C4-5 and C5-6 levels, in 2005. Treatment to date has included medications, diagnostics, cervical epidural injection, and surgical intervention. Medications have included Percocet, Soma, Lyrica, Atarax, Valium, and Protonix. A progress note from the treating physician, dated 05/15/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of persistent neck pain with bilateral upper extremity pain, tingling, and numbness, especially distally; poor balance; she is having falls; neck pain is constant and rated at 10/10 on the pain scale; right upper extremity pain occurs 75-100% of the time, and is rated at 8-9/10 on the pain scale; and left upper extremity pain occurs 75-100% of the time, and is rated at 7/10. Objective findings included normal motor exam; sensory is decreased in the bilateral upper extremities; 3+ reflexes; slightly spastic; and the MRI of the cervical spine, dated 04/23/2015, revealed C3-4, C6-7 stenosis with cord impingement, and C6-7 measures 6mm. The treatment plan has included surgical intervention, an anterior cervical discectomy and fusion with bank bone at C3-4 and C6-7. Request is being made for inpatient stay for 1-2 days; pre-operative labs; pre-operative EKG; and pre-operative chest x-ray.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Inpatient stay for 1-2 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 (ODG), 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 (ODG) 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 as it is not medically necessary and appropriate.

**Pre-operative labs: 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), Pre-operative Testing.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, Preoperative testing.

**Decision rationale:** CA MTUS/ACOEM and ODG Neck and upper back chapter are silent on the issue of preoperative testing. An alternative chapter in ODG, Low back, Preoperative testing general, is utilized. This chapter states that preoperative testing is guided by the patient's clinical history, comorbidities and physical examination findings. In this case the patient is a healthy 55 year old without comorbidities or physical examination findings concerning for preoperative testing other than BMB and CBC prior to the proposed surgical procedure. As the request does not specify what preoperative labs are requested, this is not medically necessary.

**Pre-operative EKG: 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), Pre-operative Testing.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, Preoperative testing.

**Decision rationale:** CA MTUS/ACOEM and ODG Neck and upper back chapter are silent on the issue of preoperative testing. An alternative chapter in ODG, Low back, Preoperative testing general, is utilized. This chapter states that preoperative testing is guided by the patient's clinical history, comorbidities and physical examination findings. In this case the patient is a healthy 55 year old without comorbidities or physical examination findings concerning to warrant EKG prior to the proposed surgical procedure. Therefore, the request is not medically necessary.

**Pre-operative chest x-ray:** 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), Pre-operative Testing.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, Preoperative testing.

**Decision rationale:** CA MTUS/ACOEM and ODG Neck and upper back chapter are silent on the issue of preoperative testing. An alternative chapter in ODG, Low back, Preoperative testing general, is utilized. This chapter states that preoperative testing is guided by the patient's clinical history, comorbidities and physical examination findings. In this case the patient is a healthy 55 year old without comorbidities or physical examination findings concerning to warrant chest x-ray prior to the proposed surgical procedure. Therefore, the request is not medically necessary.