

<b>Case Number:</b>	CM15-0201619		
<b>Date Assigned:</b>	10/19/2015	<b>Date of Injury:</b>	04/07/2014
<b>Decision Date:</b>	12/02/2015	<b>UR Denial Date:</b>	09/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2015

### 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: Minnesota, Florida

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 56-year-old male, who sustained an industrial injury on 4-7-2014. A review of the medical records indicates that the injured worker is undergoing treatment for cervical spondylosis, radiculopathy, lumbosacral strain, foraminal stenosis, and right leg radiculopathy. On 8-8-2015, the injured worker reported neck pain and radiating right arm pain and weakness down the right arm. The Primary Treating Physician's report dated 8-8-2015, noted the cervical MRI showed C5-C6 2-3mm broad based right paracentral herniated disc, uncovertebral osteophyte causing bilateral neuroforaminal narrowing with some central canal stenosis and bilateral exiting nerve root compromise. The physical examination was noted to show cervical paraspinal spasm and tenderness to palpation of the cervical paraspinal muscles and mild tenderness to palpation of the paraspinal muscles. The Physician noted the injured worker was a surgical candidate for an anterior cervical discectomy and fusion at C5-C6 and C6-C7. Prior treatments have included physical therapy, acupuncture, Cortisone injection, and home exercise program (HEP). The request for authorization dated 9-8-2015, requested an inpatient stay x3 days. The Utilization Review (UR) dated 9-17-2015, modified the request for an inpatient stay x3 days to allow a one-day hospital stay only.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Inpatient 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.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck Chapter, Hospital length of stay.

**Decision rationale:** The Official Disability Guidelines recommend the best practice target of 1 day for anterior cervical discectomy and fusion. The request as stated is for 3 days, which exceeds the guideline recommendation. As such, the medical necessity of the request has not been substantiated.