

<b>Case Number:</b>	CM15-0028138		
<b>Date Assigned:</b>	02/20/2015	<b>Date of Injury:</b>	03/13/2014
<b>Decision Date:</b>	05/19/2015	<b>UR Denial Date:</b>	02/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/17/2015

### 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: Illinois, California, Texas  
 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 57-year-old female who sustained an industrial injury on 3/13/14. Injury occurred while she was carrying merchandise in her left hand and pushing open a heavy door with her right arm. Past medical history was reported as negative. The 9/17/14 cervical MRI revealed a left sided disc herniation at C6/7 with compression of the left C7 nerve root. The 7/10/14 EMG documented nerve damage to the C8-T1 cervical nerve root. Conservative treatment included physical therapy, medications, activity modification, massage, shoulder injections, and epidural steroid injection without sustained relief. The 12/23/14 neurosurgical report cited constant severe neck and left upper extremity pain with numbness to the left hand. Physical exam documented normal cervical range of motion and upper extremity deep tendon reflexes. There was 4+/5 weakness over the biceps, triceps, brachioradialis, wrist flexion/extension, and interossei. Sensation was decreased over the left C6, C7, and C8 dermatomes. The diagnosis was cervical disc herniation. The injured worker had failed extensive conservative treatment. The treatment plan recommended anterior cervical discectomy and decompression with interbody fusion at C6/7 with iliac crest autograft. The 2/2/15 utilization review certified a request for anterior cervical discectomy and decompression with interbody fusion at C6/7 with iliac crest autograft and associated surgical requests for pre-operative labs and cervical collar. The request for a 3-day inpatient stay was partially certified for 1-day consistent with the Official Disability Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**3 Days in Patient Stay:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180. Decision based on Non-MTUS Citation Official Disability Guideline (ODG) Neck and Upper Back Chapter) Hospital Length 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 and Upper Back: Hospital length of stay (LOS).

**Decision rationale:** The California MTUS does not provide hospital length of stay recommendations. The Official Disability Guidelines recommend the median length of stay (LOS) based on type of surgery, or best practice target LOS for cases with no complications. The recommended median and best practice target for anterior cervical discectomy and fusion is 1 day. The 2/2/15 utilization review modified the request for 3 days length of stay, certifying 1 day. There is a compelling reason to support the medical necessity beyond the 1-day hospital stay previously certified. The multiple (cervical and iliac crest donor site) procedures in combination are expected to be associated with a high degree of post-operative pain. Therefore, this request is medically necessary.