

<b>Case Number:</b>	CM15-0052201		
<b>Date Assigned:</b>	03/25/2015	<b>Date of Injury:</b>	11/03/2008
<b>Decision Date:</b>	05/12/2015	<b>UR Denial Date:</b>	03/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/19/2015

### 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 53-year-old female who sustained an industrial injury on 11/3/08. Injury occurred when she slipped and fell, and tried to grab onto something to break her fall. Past surgical history was positive for shoulder surgeries. The 4/26/13 cervical MRI demonstrated severe spinal canal stenosis at C5/6, moderate to severe spinal canal stenosis at C6/7, and severe bilateral foraminal stenosis at C5/6 and C6/7. The 3/4/15 treating physician report indicated that cervical posterior decompression and fusion had been approved. The injured worker was myelopathic with brisk reflexes and numbness in her fingers. She had positive Spurling's and Lhermitte's signs, 1-2 beats of clonus in the ankles, and numbness in the C6/7 distribution. The diagnosis was symptomatic severe cervical stenosis at C5/6 and C6/7. Surgery was approved for C5-7 anterior cervical discectomy and fusion. The 3/13/15 utilization review modified the request for 2 day hospital stay to 1-day hospital stay relative to the C5/6 and C6/7 fusion citing the Official Disability Guidelines for cervical fusion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Preop in patient hospital stay (days) QTY: 2.00:** Overturned

**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 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 posterior cervical fusion is 4 days. This request for 2 day stay is consistent with guidelines. Therefore, this request is medically necessary.