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| <b>Case Number:</b>   | CM14-0137732 |                              |            |
| <b>Date Assigned:</b> | 09/05/2014   | <b>Date of Injury:</b>       | 06/25/2012 |
| <b>Decision Date:</b> | 11/14/2014   | <b>UR Denial Date:</b>       | 08/21/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/26/2014 |

### 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. The expert reviewer is Board Certified in Spine Surgery and is licensed to practice in New York. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient has chronic neck pain. Electrodiagnostic studies performed in 2013 show minimal chronic cervical radiculopathy and C7. The patient continues to have chronic pain. Physical examination shows areas of diminished sensation that corresponded nerve root C6 and C7. The patient has a positive compression test. There is limited range of motion of the neck. The patient has had chiropractic treatment and physical therapy. He continues to have pain. MRI shows bulging discs at C5-6 and C6-7. The patient has been indicated for two-level ACDF (Anterior Cervical Discectomy Fusion) surgery. At issue is whether 2-3 day hospital stay length at the surgery is medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Inpatient stay (2-3) days:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guideline (ODG), LOS (Length of Stay), Treatment Workers Compensation (TWC), Neck & Upper Back Procedure

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines neck pain chapter. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), neck pain chapter

**Decision rationale:** Two days of inpatient hospital stay is excessive after 2 level ACDF (Anterior Cervical Discectomy Fusion) surgery. The surgery is a smaller-type and routine operation with very little blood loss and low complication rates. Overnight observation for a single night is most appropriate. A day hospital stay after surgery is not medically necessary. Also, Guidelines do not recommend more than one day of hospital stay surgery after routine two-level ACDF fusion surgery. Best practice guidelines indicate one day hospital stay after uncomplicated two-level ACDF fusion surgery. Guidelines do not support 2-3 days of post-operative hospital stay after two-level ACDF surgery, therefore, the request is not medically necessary.