

<b>Case Number:</b>	CM14-0183288		
<b>Date Assigned:</b>	11/10/2014	<b>Date of Injury:</b>	04/24/2012
<b>Decision Date:</b>	12/17/2014	<b>UR Denial Date:</b>	10/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2014

### 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 Orthopedic Surgery and is licensed to practice in Georgia and South Carolina. 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 injured worker is a 46-year-old male who reported an injury on 04/26/2012. The mechanism of injury was not provided. Diagnoses included cervical disc displacement and cervical herniated nucleus pulposus with radiculopathy. Past medical treatment included medications and physical therapy. Diagnostic testing included MRIs of the cervical spine on 06/24/2014 and 09/11/2012, and EMG done on 11/25/2013 which was read as normal. There was no past surgical history provided. The injured worker complained of severe neck pain and left shoulder radicular pain rated 9/10 on 08/27/2014. The injured worker had pain, numbness and weakness going down into his left hand. It radiated into the thumb, index and long finger consistent with a C6 and C7 radiculopathy. The injured worker has failed all forms of conservative care including physical therapy, medications, and injections. The injured worker stated the pain is 50% neck and 50% arm. The physical examination revealed the neck has decreased range of motion due to pain. The injured worker also had full range of motion of the shoulder without pain. Strength testing revealed 5/5 from C5 to T1 and bilateral upper extremities but is noted to be limited due to his neck pain. The injured worker had a positive Spurling's to the left side. The provider states the injured worker is an appropriate candidate for a C5-7 anterior cervical discectomy and fusion. The request is for 3 day inpatient hospital stay and 1 preoperative clearance with an internal medicine doctor (to include EKG, chest x-ray, UA, CBC, PT/PTT). The rationale for the request was not provided. The request for authorization was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Associated surgical service: 3 Day In-Patient Hospital Stay:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Hospital Length of Stay (LOS) 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, Hospital length of stay (LOS)

**Decision rationale:** The request for 3 Day In-Patient Hospital Stay is not medically necessary. The Official Disability Guidelines state hospital length of stay (LOS) guidelines for Discectomy/Corpectomy (Excision of intervertebral disc) is median 1 day; mean 2.1 days and Best practice target (no complications) 1 day. While a stay in hospital would be medically necessary, there are no extenuating circumstances that provide a rationale to exceed the guidelines of maximum number of days. The request exceeds the guidelines therefore the request is not medically necessary.

**1 Pre-Op Clearance with an Internal Medicine Doctor (to include EKG, CXR, UA, CBC, PT/PTT):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for Clinical Systems Improvement (ICSI). Pre Operative Evaluation. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2006 Jul.

**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, general

**Decision rationale:** The request for 1 Pre-Op Clearance with an Internal Medicine Doctor (to include EKG, CXR, UA, CBC, PT/PTT) is not medically necessary. The Official Disability Guidelines state preoperative testing is often performed before surgical procedures. These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. The medical records provided for review did not include history of comorbidities. There is lack of documentation that supports the pre-operative criteria therefore the request is not medically necessary.