

<b>Case Number:</b>	CM15-0112290		
<b>Date Assigned:</b>	06/18/2015	<b>Date of Injury:</b>	04/14/2006
<b>Decision Date:</b>	07/21/2015	<b>UR Denial Date:</b>	05/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/10/2015

### 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 47-year-old female who sustained an industrial injury on 4/14/06. Injury occurred when she was lifting a trash can above shoulder height. Past surgical history was positive for right carpal tunnel release. Past medical history was negative. Social history indicated that the injured worker smoked 20 cigarettes per day. Conservative treatment had included opioid medications, physical therapy, home exercise, and cervical epidural steroid injections. The 8/6/14 cervical spine MRI impression documented disc protrusions at C3/4, C4/5, and C5/6. At C5/6, there was a broad-based right paracentral disc protrusion resulting in severe central stenosis and myelomalacia, and severe neuroforaminal stenosis. At C4/5, there was a 4-5 mm left paracentral disc protrusion resulting in moderate to severe central and bilateral foraminal stenosis. At C3/4, there was a 3-4 mm disc protrusion with moderate central and moderate to severe bilateral foraminal stenosis. At C6/7, there was a 3-4 mm central disc protrusion resulting in moderate central and mild bilateral foraminal stenosis. The 4/20/15 treating physician report cited constant neck pain, with numbness, tingling and burning in all digits of both hands. She reported that her legs did not work right and she was having difficulty walking. There was numbness in both legs from her knees to her feet. Cervical spine exam documented trapezius tenderness bilaterally, trace triceps reflex on the left, normal upper extremity strength and sensation, and positive head compression test bilaterally. There was patellar and Achilles hyperreflexia, sustained clonus in both ankles, and positive Hoffman's test bilaterally. The diagnosis was cervical and foraminal stenosis at C3/4, C4/5, and C5/6 with myelopathy. The injured worker had a progressive myelopathy with gait disturbance and bilateral hand numbness

associated with neck pain. Clinical exam findings were consistent with imaging findings of severe central stenosis and spinal cord damage. Authorization was requested for anterior cervical discectomy and fusion of C3/4, C4/5, and C5/6 with two day inpatient stay, preoperative clearance, and post-operative cervical collar. The 5/28/15 utilization review certified the request for anterior cervical discectomy and fusion at the C3/4, C4/5, and C5/6 levels and modified a request for 2 days inpatient stay to one day citing the Official Disability Guidelines.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Inpatient stay for two days post cervical surgery:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back, Hospital Length of Stay.

**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 recommendations for hospital length of stay. 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, with a mean length of stay of 2 days. Guideline criteria have been met for inpatient length of stay up to 2 days based on a 3-level cervical fusion. Therefore, this request is medically necessary.