

Case Number:	CM15-0179167		
Date Assigned:	09/29/2015	Date of Injury:	06/08/2004
Decision Date:	11/06/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/11/2015

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:

This injured worker is a 53-year-old male who sustained an industrial injury on 6/8/04. Injury occurred relative to cumulative trauma. Past medical history was reported as negative. He underwent anterior C5/6 and C6/7 fusion and instrumentation in 2006, and global decompression, fusion and instrumentation from L3 to S1 in 2007. The 7/23/14 cervical spine MRI impression documented a prominent posterior disc bulge indenting the ventral surface of the thecal sac resulting in severe right and moderate left neuroforaminal stenosis. The 11/2014 EMG/NCV showed no evidence of radiculomyelopathy but did show evidence of right cubital and carpal tunnel syndrome. The 2/12/15 cervical spine x-ray impression documented anterior cervical discectomy and fusion extending from C5 to C7, and degenerative disc disease at C3/4 and C4/5. Records indicated that he had worsening neck pain radiating into the bilateral deltoid and biceps regions, left greater than right, with numbness. The 8/20/15 treating physician report indicated that the injured worker had on-going symptoms. He had quit smoking and had been cleared for surgery from a psychological perspective. Progress report documented slight decreased right C5/6 sensation, positive right Spurling's test, 5/5 upper extremity motor strength, toes were downgoing, and Lhermitte's was negative. The diagnosis was C4/5 degenerative spondylosis with foraminal stenosis and right C5/6 radiculitis, and status post anterior C5/6 and C6/7 interbody fusion. He had exhausted conservative treatment. Authorization was requested for anterior cervical discectomy and fusion C4/5 with iliac crest bone graft and implantable spacer with anterior instrumentation, 2-day inpatient hospital stay, and an assistant surgeon. The 9/2/15 utilization review certified the requested anterior cervical discectomy and fusion at C4/5 with iliac crest bone graft and implantable spacer with anterior

instrumentation. The request for a 2-day inpatient stay was modified to a 1-day stay consistent with guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Inpatient stay for 2 days: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index 20th Edition (web), 2015, Neck & 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 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 fusion is 1 day. There is no compelling reason to support the medical necessity beyond guideline recommendations and the 1-day hospital stay previously certified. Therefore, this request is not medically necessary.