

<b>Case Number:</b>	CM15-0024963		
<b>Date Assigned:</b>	02/17/2015	<b>Date of Injury:</b>	08/02/2012
<b>Decision Date:</b>	07/10/2015	<b>UR Denial Date:</b>	02/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2015

### 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 48-year-old male who sustained an industrial injury on 8/02/12. Injury occurred while he was working as a drywall construction expert, and fell from scaffolding landing on a cement floor. Past medical history was positive for hypertension. He underwent an L5/S1 posterior fusion on 12/4/13 for a pars interarticularis defect. The 3/13/14 cervical CT scan demonstrated central canal stenosis at C5/6 without evidence of myelomalacia. At C6/7, there was uncovertebral hypertrophy with severe right foraminal stenosis. The 7/28/14 cervical spine x-ray impression documented mild to moderate disc space degenerative changes at C5/6, and mild degenerative disc changes at C7/T1 associated with moderate facet arthrosis on the right at C7/T1. The 9/29/14 EMG/NCV study documented electrodiagnostic evidence of bilateral lower cervical posterior rami irritation. These findings were consistent with bilateral lower cervical radiculopathy. The 12/15/14 treating physician report documented severe right sided neck pain radiating to the right thumb, index and middle fingers with numbness of the right index and middle fingers. Physical exam documented positive right Spurling's test, limited cervical range of motion, and grip strength 40 pounds right and 120 pounds left. There was 5/5 upper extremity motor strength, decreased sensation right index, middle and ring fingers, absent upper extremity deep tendon reflexes, +1 patellar reflexes, and absent Achilles reflexes. There was no ankle clonus. The injured worker was diagnosed with right C6 and C7 radiculitis secondary to C5/6 and C6/7 degenerative spondylosis with spinal stenosis. The injured worker had exhausted conservative treatment. Anterior cervical discectomy and fusion at C5/6 and C6/7 with instrumentation was recommended. The 2/4/15 utilization review certified the request for anterior cervical discectomy and fusion at C5/6 and C6/7. The request for a 2-day inpatient stay was modified to one day consistent with Official Disability Guidelines and lacking a rationale to support an exception to guidelines.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Associated surgical service: 2 day inpatient 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-Treatment in Workers' Comp (ODG-TWC), 18th edition, 2013, Neck & Upper Back chapter, 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. The 2/4/15 utilization review modified the request for 2 days length of stay, certifying 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.