

<b>Case Number:</b>	CM15-0076828		
<b>Date Assigned:</b>	04/28/2015	<b>Date of Injury:</b>	02/14/2003
<b>Decision Date:</b>	05/26/2015	<b>UR Denial Date:</b>	04/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/22/2015

### 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: California  
 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 52 year old female, who sustained an industrial injury on 02/14/2003. She reported injury to the neck. Treatment to date has included medications, electrodiagnostic testing, imaging, physical therapy, medial branch blocks, home health care and multiple spine surgeries. According to a progress report dated 03/24/2015, the injured worker complained of neck pain posteriorly and anteriorly in the throat. She had pain radiating into her head. She was minimally improved since her last visit and had undergone extensive physical therapy, activity adjustments, stretching of the soft tissues in her neck and the use of medications. Diagnoses included Arthrodesis of C5-6 on 07/16/2014 and prior solid arthrodesis of C6-7. The provider noted that the injured worker had a nonunion at C5-6 which was producing her ongoing symptoms. She had extensive physical therapy, immobilization, activity adjustment and medications without benefit. The provider noted that she required posterior arthrodesis of the C5-6 level with an expected 2 night hospital stay. Currently under review is the request for one posterior cervical fusion at C5-6 level with wiring and 2 days of inpatient hospital stay.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One posterior cervical fusion at C5-6 level with wiring:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation (ODG-TWC), Online Edition, Neck and Upper Back Chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): s 180-193.

**Decision rationale:** Per the CA MTUS/ACOEM guidelines, Chapter 8, Neck and Upper Back complaints, pages 180-193 states that surgical consultation is indicated for persistent, severe and disabling shoulder or arm symptoms who have failed activity limitation for more than one month and have unresolved radicular symptoms after receiving conservative treatment. In this case the exam notes from 3/24/15 demonstrate a symptomatic pseudarthrosis which has not improved with physical therapy. Therefore the determination is for certification and it is medically necessary and appropriate.

**2 days of inpatient hospital stay:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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.

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of hospital length of stay following a cervical fusion. According to the ODG, Neck section, Hospital length of stay, 4 day inpatient stay is considered best practice for posterior fusion. As a request is for 2 days the determination is for certification as it is medically necessary and appropriate.