

<b>Case Number:</b>	CM15-0093277		
<b>Date Assigned:</b>	05/20/2015	<b>Date of Injury:</b>	01/10/2014
<b>Decision Date:</b>	06/18/2015	<b>UR Denial Date:</b>	05/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/15/2015

### 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: Emergency Medicine

### 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 30-year-old male, who sustained an industrial injury on January 10, 2014. He reported head, neck, left shoulder, and low back pain. The injured worker was diagnosed as having cervical discogenic pain syndrome, cervical degenerative disc disease, cervical stenosis, cervical radicular pain, myalgia, and headache. On April 2, 2015, the injured worker complains of aching pain in his neck and mid back with stabbing pain in his low back. He has numbness in the upper extremities. His pain is rated 10/10 without medications and 8/10 with medications. Medications, injections, and physical therapy help his pain. The physical exam of the cervical spine revealed normal strength of the bilateral upper extremities, decreased left arm sensation, tenderness of the paraspinal muscles, and increased pain with flexion. Treatment to date has included chiropractic therapy, physical therapy, aquatic therapy, work modifications, cervical epidural steroid injections, a home exercise program, a right shoulder steroid injection, and medications including pain, muscle relaxant, anti-epilepsy, antidepressant, and non-steroidal anti-inflammatory. On April 26, 2015, the treating physician noted that the injured worker reports having gone to the emergency room for increased neck pain on the previous day. The cervical epidural steroid injection from April 7, 2015 was not helpful. There left arm weakness and paresthesia was noted on the emergency room report. An updated MRI of the cervical spine was obtained while in the emergency room. Surgery was recommended following a neurosurgical evaluation, since he had failed cervical epidural steroid injections. The injured worker wants to have the surgery as soon as possible. The treatment plan includes a request for cervical spine surgery and a 2-day length of stay.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Length of stay for 1 day:** 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), 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, Neck and Upper Back, Hospital Length of Stay, "Cervical Fusion, Anterior (81.02 other cervical fusion, anterior technique).

**Decision rationale:** The requested Length of stay for 1 day is not medically necessary. CA MTUS is silent. Official Disability Guidelines, Neck and Upper Back, Hospital Length of Stay, "Cervical Fusion, Anterior (81.02 Other cervical fusion, anterior technique) Actual data median 1 day; mean 2.2 days (#130; 0.1); discharges 161,761; charges (mean) [REDACTED] Best practice target (no complications) 1 days." The treating physician has documented that on April 26, 2015, the treating physician noted that the injured worker reports having gone to the emergency room for increased neck pain on the previous day. The cervical epidural steroid injection from April 7, 2015 was not helpful. There left arm weakness and paresthesia was noted on the emergency room report. An updated MRI of the cervical spine was obtained while in the emergency room. Surgery was recommended following a neurosurgical evaluation, since he had failed cervical epidural steroid injections. The injured worker wants to have the surgery as soon as possible. The treatment plan includes a request for cervical spine surgery and a 2 day length of stay. The treating physician has not documented the medical necessity for hospital stay beyond the median recommended duration. The criteria noted above not having been met, Length of stay for 1 day is not medically necessary.