

<b>Case Number:</b>	CM15-0095170		
<b>Date Assigned:</b>	05/21/2015	<b>Date of Injury:</b>	08/25/2011
<b>Decision Date:</b>	06/25/2015	<b>UR Denial Date:</b>	04/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/18/2015

### 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: North Carolina

Certification(s)/Specialty: Family Practice

### 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 46 year old male who sustained an industrial injury on 08/25/11. Initial complaints and diagnoses are not available. Treatments to date include medications. Diagnostic studies are not addressed. Current complaints include increased neck pain, headaches, numbness in the bilateral upper extremities, bilateral plantar foot pain, and pain in the back, left shoulder and left knee. Current diagnoses include chronic cervical strain/sprain with multilevel degenerative disc disease/disc protrusions, degenerative thoracic spine, lumbar sprain/strain with degenerative disc disease bilateral plantar fasciitis, and depression. In a progress note dated 03/30/15 the treating provider reports the plan of care as anterior cervical disc fusion at C4-6. The requested treatments include is a 3 day inpatient stay.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**3 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' Compensation, Neck and Upper Back Procedure Summary, Length of Stay.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, neck procedures length of stay.

**Decision rationale:** The California MTUS and ACOEM do not directly address the requested service. The ODG length of stay guidelines status post cervical fusion in 1-day inpatient. Therefore, a request for 3 day inpatient stay is in excess and is not medically necessary.