

<b>Case Number:</b>	CM14-0100400		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	03/16/2000
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	06/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2014

### 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. The expert reviewer is Board Certified in Orthopaedic Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 64-year-old male retired lineman sustained an industrial injury on March 16, 2000. The mechanism of injury was not documented. He underwent a lumbar decompression and fusion at L4/5 in March 2013. The March 19, 2014 cervical MRI impression documented grade 1 retrolisthesis of C3 over C4 with broad based spur/disc complex at C3/4 and C4/5 resulting in mild to moderate foraminal stenosis. There were mild posterior disc bulges at C5/6 and C6/7 with mild left foraminal narrowing at C6/7. The 6/9/14 orthopedic progress report indicated the patient was painfree relative to the lumbar spine. Subjective complaints included severe neck pain with right upper arm numbness, tingling and weakness. He underwent right C4/5 transforaminal epidural steroid injection on May 15, 2014 with several weeks of temporary pain relief. Physical exam documented positive right Spurling's test, decreased C5 dermatomal sensation, 1+ upper extremity reflexes and 5/5 motor function. The diagnosis was C5 radiculopathy secondary to C4/5 degenerative spondylosis with severe foraminal stenosis. The patient had exhausted conservative treatment and surgery was recommended. The June 17, 2014 utilization review certified the request for anterior cervical discectomy, foraminotomy, and fusion at C4/5. A request for 2 day hospital stay was modified to one day consistent with guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Two Day Hospital 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 (ODG)- Treatment in Workman's Compensation (TWC): Hospital Length of Stay (LOS) Guidelines, <http://www.odg-twc.com/odgtwc/neck.htm>.

**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 Guidelines do 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 discectomy and fusion was 1 day. The June 17, 2014 utilization review modified the request for 2-day 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, the request is not medically necessary.