

Case Number:	CM13-0025828		
Date Assigned:	12/11/2013	Date of Injury:	06/16/2013
Decision Date:	01/28/2014	UR Denial Date:	08/19/2013
Priority:	Standard	Application Received:	09/18/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery, has a subspecialty in Spine 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 physician 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:

The patient is a 58-year-old female who reported an injury on 01/16/2013. The mechanism of injury was a fall. The patient had complaints of back pain. The patient was treated with injections and medications. The patient received an MRI on 02/15/2013 that showed modest spondylolisthesis at L4-5 without an extruded disc fragment and without marked compromise of the exiting nerve root. The patient underwent a myelogram on 07/29/2013 that showed a prominent extradural defect at L4-5 both anteriorly and laterally without pars defect. The patient was diagnosed with right L5 radiculopathy with L5 anterolisthesis. The patient underwent an L4-5 decompression with right L5 foraminotomy with microsurgical technique, negative disc space inspection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Request for in-patient 2 day hospital stay: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): s 308-310. Decision based on Non-MTUS Citation OGD Low Back (updated 05/10/13).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, Hospital length of stay.

Decision rationale: 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 guidelines state that with no complications, the typical hospital length of stay is one day. The clinical documentation submitted for review indicated that the patient had an L4-5 decompression with right L5 foraminotomy with microsurgical technique, negative disc space inspection. However, a request has been submitted for a two-day hospital stay with no clear indication as to what the hospital stay is for. The guidelines recommend different lengths of stay for different procedures. As such, the request is non-certified.