

Case Number:	CM13-0031077		
Date Assigned:	02/03/2014	Date of Injury:	09/18/2011
Decision Date:	06/25/2014	UR Denial Date:	08/29/2013
Priority:	Standard	Application Received:	10/02/2013

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 Orthopedic 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:

The injured worker is a 45 year old male who reported an injury on 09/17/2011. The injured worker reportedly strained his lower back while pulling a heavy cart of linen. The current diagnosis is L4-5 and L5-S1 stenosis with left lower extremity radiculopathy. The injured worker was evaluated on 08/12/2013. The injured worker reported persistent lower back pain with radiation to the left lower extremity. Physical examination revealed tenderness to palpation of the lumbar paraspinals, spasm, guarding, 40 degree flexion, 20 degree extension, patchy sensory deficits involving the left lower extremity, positive straight leg raising on the left and negative weakness. Treatment recommendations at that time included a decompressive procedure on the left at L4-5 and L5-S1. A lumbar CT myelogram was completed on 06/18/2013, which indicated 3 mm posterior disc bulge with encroachment on the foramina with compromise of the exiting nerve roots at L4-5, and a 4 mm posterior disc bulge with compromise of the exiting nerve roots at L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 DAY IN-PATIENT STAY: Upheld

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

Decision rationale: The Official Disability Guidelines state the hospital length of stay following a discectomy includes a median of 1 day. The current request for a 2 day inpatient stay exceeds the ODG's recommendations. As such, the request is not medically necessary and appropriate.