

Case Number:	CM13-0032009		
Date Assigned:	12/04/2013	Date of Injury:	03/12/2012
Decision Date:	01/14/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	10/04/2013

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, 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 claimant is a 32-year-old gentleman who was injured March 13, 2012. Records for review include a recent August 9, 2013 assessment with [REDACTED] for subjective complaints of persistent low back and leg pain. He showed the claimant to be with a diagnosis of multilevel disc desiccation with disc protrusions at L4-5 and L5-S1. He had recommended intervention based on imaging and failed conservative care for a left sided L4-5 discectomy. Surgical process apparently was approved by the insurance carrier. There is current request for the need of a two-day inpatient length of stay and one postoperative home health evaluation by a registered nurse. Postoperative clinical records are not supported for review. It is unclear the date of the claimant's surgical intervention. As stated, he was approved for an L4-5 discectomy based on imaging and failed conservative care.

IMR ISSUES, DECISIONS AND RATIONALES

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

In-patient stay for two days: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG - TWC Low Back Procedure. .

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Worker's Comp, 18th. Edition, 2013 Updates: low back oprocedure. .

Decision rationale: California ACOEM and MTUS Guidelines are silent. When looking at Official Disability Guideline criteria, two day inpatient length of stay for a one level discectomy in this apparently otherwise healthy 32-year-old individual would not be supported. Best Practice target without complications per Official Disability Guideline criteria would be a one day inpatient length of stay. The records do not indicate the need for a two day postoperative course as an inpatient. The specific request would not be indicated.

Post-operative home health evaluation by a registered nurse: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51.

Decision rationale: Based on California MTUS Chronic Pain Guidelines, a sole home health evaluation by a registered nurse for one session would not be supported. The procedure undertaken in this case would not render the claimant homebound and as such the home health assessment would not be medically necessary.