

Case Number:	CM13-0032580		
Date Assigned:	12/11/2013	Date of Injury:	02/15/2013
Decision Date:	08/14/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	10/08/2013

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 Pennsylvania. 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 is a 64-year-old gentleman injured in a work-related accident on 2/15/13. The clinical records for review indicate an injury to the low back for which he has been recently certified for a left-sided L4-5 microdiscectomy. There is a post-operative request for an inpatient length of stay. However, the duration of length of stay was not documented or identified.

IMR ISSUES, DECISIONS AND RATIONALES

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

LENGTH OF STAY (LOS) NOT PROVIDED: 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 Non-MTUS Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2013.

Decision rationale: The California MTUS and ACOEM Guidelines do not address hospital length of stay. The Official Disability Guidelines do address inpatient length of stay. However, in this case there is no documentation of the requested number of days for inpatient hospitalization. The ODG Guidelines recommend a one day inpatient length of stay following

surgical discectomy. Therefore, the request for length of stay (LOS) not provided is not medically necessary and appropriate.