

Case Number:	CM13-0045046		
Date Assigned:	12/27/2013	Date of Injury:	07/07/1999
Decision Date:	06/09/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	10/31/2013

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 patient is a 68 year old male who was injured on 07/07/1999 while lifting a patient when he worked as an ambulance driver. Prior treatment history has included Soma 250 mg tabs, 1 tab tid and Norco tabs. Past surgical history includes cervical surgery, appendectomy and hemorrhoidectomy. Diagnostic studies reviewed include MRI of the lumbar spine dated 10/16/2012 revealing a 4 mm disc protrusion at L4-5 with mild to moderate central canal stenosis and mild foraminal stenosis. It is also noted to be degenerative anterolisthesis at L4-5. Progress note dated 10/21/2013 documented the patient ambulates with a cane. Objective findings on exam revealed there is reduced range of motion with associated pain in the head, neck, spine, ribs and pelvis.

IMR ISSUES, DECISIONS AND RATIONALES

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

THREE TO FOUR (3-4) DAY INPATIENT 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), LOW BACK CHAPTER, HOSPITAL LENGTH OF STAY (LOS).

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-LUMBAR & THORACIC, HOSPITAL LENGTH OF STAY(LOS).

Decision rationale: The patient has been approved (according to the 10/15/2013 UR decision) for an anterior lumbar inter-body fusion at L4-5. According to the ODG, best practice target (without complications) would be a 3 day hospitalization stay. There is no documentation of any medical conditions or expected problems that would necessitate a 4 day hospital stay.