

Case Number:	CM13-0052607		
Date Assigned:	12/30/2013	Date of Injury:	01/21/2013
Decision Date:	03/17/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	11/15/2013

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 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:

According to the records made available for review, this is a 65-year-old male with a 1/21/13 date of injury; lumbar laminectomy and foraminotomy on 9/12/13; and laminotomy and irrigation and debridement of lumbar spine on 10/17/13. At the time of request for authorization for inpatient stay times 5 days, there is documentation of subjective (pain and leakage from the very small portion of the lumbar spine incision as well as headaches) and objective (healed incision except the small dural hole) findings, current diagnoses (lumbar radiculopathy, other postsurgical status, and lumbar strain), and treatment to date (medications). 10/25/13 determination identifies that an I&D was medically necessary to evaluate the wound three weeks after initial surgery due to persistent drainage; and a 2 day inpatient stay, and not d day inpatient stay, was appropriate/medically necessary. The proposed Inpatient stay times 5 days after spinal dural repair and I&D exceeds the guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inpatient Stay times 5 days after Spinal Dural Repair and an I&D: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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 (LOS) and

http://www.hopkinsmedicine.org/sinus/surgical_procedures/csf_leak_closure.html

Decision rationale: MTUS does not specifically address the issue. ODG identifies a median of 2 days; mean of 3.5 days; and best practice target (no complication) of 1 day hospital length of stay after a laminectomy. An online source identifies that in the management of CSF leak closure, depending on the size of the leak most patients will have to stay in the hospital for 1-3 days after surgery. Within the medical information available for review, there is documentation of lumbar radiculopathy, other postsurgical status, and lumbar strain. In addition, there is documentation of status post lumbar laminectomy and foraminotomy on 9/12/13 and laminotomy and irrigation and debridement of lumbar spine on 10/17/13. However, the proposed Inpatient stay times 5 days after spinal dural repair and I&D exceeds guidelines. Therefore, based on guidelines and a review of the evidence, the request for Inpatient stay times 5 days after spinal dural repair and an I&D is not medically necessary.