

Case Number:	CM13-0060554		
Date Assigned:	12/30/2013	Date of Injury:	11/10/2010
Decision Date:	05/07/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	12/03/2013

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:

According to the records made available for review, this is a 37 year old female with an 11/10/10 date of injury. At the time (9/19/13) of the request for authorization for a 3 day inpatient hospital stay, there is documentation of subjective (none specified) and objective (significant atrophy of the quadriceps muscle on the left side and weakness in her knee flexion and extension to 3/5 and diminished sensation in L4, L5, and S1 dermatomes on the left side) findings, current diagnoses (L5-S1, L4-5 and L3-4 disc herniations causing severe left lower extremity radiculopathy), and treatment to date (medication). There is no documentation of a pending surgical procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 DAYS OF 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, Low Back Chapter, Online Version.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back.

Decision rationale: The ODG identifies hospital length of stay for up to 4 days in the management of lumbar decompression/fusion. Within the medical information available for

review, there is documentation of diagnoses of L5-S1, L4-5 and L3-4 disc herniations causing severe left lower extremity radiculopathy. However, given non-certification of a request for L3-4, L4-5, and L5-S1 decompression and fusion, there is no documentation of a pending surgical procedure. Therefore, based on guidelines and a review of the evidence, the request for 3 days of inpatient hospital stay is not medically necessary and appropriate.