

Case Number:	CM14-0105726		
Date Assigned:	07/30/2014	Date of Injury:	11/20/2013
Decision Date:	10/21/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	07/08/2014

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 Neurological 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 records, presented for review, indicate that this 54-year-old female was reportedly injured on November 20, 2013. The mechanism of injury was noted as heavy lifting. The most recent progress note, dated May 15, 2014, indicated that there were ongoing complaints of low back pain radiating to the left lower extremity. Current medications include ibuprofen and Norco. The physical examination demonstrated decreased range of motion of the lumbar spine with tenderness over the paraspinal muscles. There was a negative straight leg raise test. There was a normal lower extremity neurological examination. Diagnostic imaging studies of the lumbar spine revealed a synovial cyst at the L4-L5 disc space contributing to minimal to moderate left-sided L5 lateral recess stenosis as well as minor degenerative changes of the facet joints at L5-S1. Previous treatment included chiropractic care. A request made for an urgent 3 day Inpatient stay and urgent pre-op clearance and was denied in the pre-authorization process on June 17, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urgent 3 day Inpatient Stay: 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 Official Disability Guidelines (ODG): Low Back - Lumbar and Thoracic, Hospital Length of Stay, Updated August 22, 2014.

Decision rationale: According to the Official Disability Guidelines, the median length of stay for decompression of the lumbar spine is 2 days and a best practice target is one day. Considering this, the request for a three day hospital inpatient stay is not medically necessary.

Urgent Pre-op Clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.guideline.gov/content.aspx?id=38289>

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 and Thoracic, Preoperative Testing, General, Updated August 22, 2014.

Decision rationale: According to the Official Disability Guidelines, the decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. The injured employee was not stated to have any comorbidities. As such, this request for urgent preoperative clearance is not medically necessary.