

Case Number:	CM14-0011338		
Date Assigned:	02/21/2014	Date of Injury:	06/13/2007
Decision Date:	08/11/2014	UR Denial Date:	01/07/2014
Priority:	Standard	Application Received:	01/28/2014

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 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:

This is a 52 year-old male with a 6/13/07 date of injury after lifting a heavy parcel. He underwent a left L5-6 and L5-S1 discectomy with foraminoplasty on 8/18/10, then a stage 11 posterior lumbar fusion at L5-S1 with laminectomy and decompression and bone grafting at L4-5 on 10/16/12. He had postoperative physical therapy. He was diagnosed with psuedoarthrosis at L5-S1 and had a fusion with instrumentation. The patient was seen on 12/23/13 with worsening back pain and radiculopathy. There was limited lumbar range of motion, and diminished sensation in the left lower extremity. Surgery to L4-5 to remove the prodisc and re-explore the L5-S1 fusion with instrumentation removal and insertion of new pedicle screws at L4-5 and L5-S1 was recommended and approved. Treatment to date has been multiple lumbar surgeries, physical therapy, medications, and SI injections

IMR ISSUES, DECISIONS AND RATIONALES

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

7 DAYS OF INPATIENT HOSPITAL 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.

Decision rationale: The California MTUS does not address this issue, but the Official Disability Guidelines support a 5 day stay for artificial disc revision, and 3 days for a fusion. The patient is having a disc removal of the prodisc at L4-5 and re-explore the L5-S1 fusion with instrumentation removal and insertion of new pedicle screws at L4-5 and L5-S1. A hospital stay of 7 days is beyond the recommended length of hospital stay with regard to this surgery per the Official Disability Guidelines. There is a lack of documentation to justify a 7 day hospital stay. Therefore, the request is not medically necessary.