

<b>Case Number:</b>	CM14-0011369		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	11/16/2005
<b>Decision Date:</b>	06/25/2014	<b>UR Denial Date:</b>	01/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 Occupational Medicine 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:

Injured worker is a male with date of injury 11/16/2005. Per minimally invasive neurosurgery clinical note, the injured worker has suffered a severe and progressive recurrence of symptoms with pain radiating from left SI joint into lateral and anterior thigh, into calf. The pain has electrical quality with associated weakness. He feels better standing. Sitting, lying on the left side makes it worse. On exam his left lower extremity weakness has resolved. He is walking without a walker, but using a cane. His flank wound had healed with the diversionary drain was in place, but the drainage has recurred. His most recent CT scan while in Anaheim Regional shows resolution of the fistula tract. Diagnoses include 1) persistent, recurrent retroperitoneal fistula, refractory to all measures 2) status post placement of a diversionary drain 3) resolved radiculopathy. Other diagnoses noted from agree medical examiner report include 1) lumbar sciatica 2) status post lumbar fusion, discitis, pseudomeningocele, and recurrent MRSA infections 3) left ulnar entrapment, severe 4) bilateral carpal tunnel syndrome 4) evolving right ulnar entrapment at elbow 6) cervical sprain/strain with underlying cervical disc disease 7) pain disorder substantially stable 8) chronic hypertension 9) insulin dependent diabetes 10) peripheral neuropathy 11) intermittent diarrhea likely secondary to GI dysfunction.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**HOSPITAL STAY (RETROSPECTIVE 17 DAY INPATIENT STAY BETWEEN 11/27/2012-12/14/2012):** Overturned

**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.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 289, 290, 296.

**Decision rationale:** The injured worker has multiple chronic injuries and is status post lumbar fusion. The date of injury is 7 year prior to this admission, and the date of the lumbar fusion is not reported. The hospital stay occurred 1 year prior to this request. The clinical reports explain that the injured worker was hospitalized for treatment of retroperitoneal abscess for this inpatient hospital stay. Other pertinent information is that the injured worker is status post lumbar fusion L2 to S1 6/15/2010, and removal of two fixation screws 7/8/2013. He was status post abscess with subsequent MRSA 6/15/2010. It is noted that the injured worker has a persistent and recurrent retroperitoneal fistula. Per the ACOEM guidelines, infection is a known complication of surgical procedures. The use of hardware in surgery is an risk factor for such a complication, and if it is not able to be treated successfully with oral antibiotics, general surgery and intravenous antibiotic therapy while inpatient may be necessary. The request for Hospital Stay (Retrospective 17 day Inpatient Stay between 11/27/2012 - 12/14/2012) is medically necessary.