

Case Number:	CM14-0013441		
Date Assigned:	02/26/2014	Date of Injury:	09/04/2001
Decision Date:	08/06/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	02/03/2014

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, 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:

The injured worker is a 53 year old female who has been diagnosed with lumbar radiculopathy. The previous utilization review dated 01/21/14 revealed no inciting injury. The note also indicates the injured worker having undergone an anterior L3-4 interbody fusion with instrumentation. The review resulted in a denial as a four day inpatient stay presented as being excessive. The note indicates the injured worker having a rapid progression of neurologic deficits. The injured worker was recommended for the fusion; however, a four day stay resulted in a denial.

IMR ISSUES, DECISIONS AND RATIONALES

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

4-DAY INPATIENT STAY [ASSOCIATED WITH AUTHORIZED SPINAL SURGERY]:
Overturned

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 Chapter, Hospital length of stay (LOS).

Decision rationale: The documentation indicates the injured worker having undergone lumbar fusion. Standard of care would indicate a 3-4 day inpatient stay following a lumbar fusion. Noting that the injured worker was previously approved for a lumbar fusion at the L3-4 level along with removal of instrumentation that had previously been implanted following previous fusion, a 3-4 day inpatient stay is reasonable in order to maintain the injured worker's clinical status, observation, and provide the injured worker with an appropriate recovery within the postoperative setting. Therefore, the request for a 4-day inpatient stay is reasonable, and therefore medically necessary.