

Case Number:	CM14-0120670		
Date Assigned:	08/06/2014	Date of Injury:	07/20/2012
Decision Date:	09/11/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	07/31/2014

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:

The claimant is a 33-year-old gentleman who was injured on July 20, 2012. Records indicate a recent request for authorization from July 7, 2014 indicating the claimant is scheduled to undergo a two level L3-4 and L4-5 lumbar fusion with instrumentation. Specific to the surgical request, there is a request for a four day inpatient length of stay following the above mentioned two level fusion procedure for the claimant's lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inpatient 4 days: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines)Low Back-Lumbar & thoracic (Acute & Chronic)Hospital Length of Stay.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Official Disability Guidelines Treatment in Worker's Comp, 18th Edition, 2013 Updates: low back procedure - Fusion (spinal)For average hospital LOS after criteria are met, see Hospital length of stay (LOS).Lumbar Fusion, posterior (icd 81.08 - Lumbar and lumbosacral fusion, posterior technique)Actual data -- median 3 days; mean 3.9 days ($\hat{A}\pm 0.1$); discharges 161,761; charges (mean) \$86,900Best practice target (no complications) -- 3 daysLumbar Fusion, anterior (icd

81.06 - Lumbar and lumbosacral fusion, anterior technique)Actual data -- median 3 days; mean 4.2 days ($\hat{A}\pm 0.2$); discharges 33,521; charges (mean) \$110,156Best practice target (no complications) -- 3 daysLumbar Fusion, lateral (icd 81.07 - Lumbar fusion, lateral transverse process technique)Actual data -- median 3 days; mean 3.8 days ($\hat{A}\pm 0.2$); discharges 15,125; charges (mean) \$89,088Best practice target (no complications) -- 3 days.

Decision rationale: Based on Official Disability Guidelines as California MTUS Guidelines are silent, a four day inpatient length of stay would not be indicated. Best Practice Target Guideline criteria for lumbar fusion regardless of exposure would be a three day inpatient length of stay. The clinical records in this case would not support a four day inpatient length of stay which would exceed Guideline criteria. Without documentation of underlying comorbidity or specific clinical indication, the role of four day inpatient stay would not be supported.