

Case Number:	CM14-0126066		
Date Assigned:	08/13/2014	Date of Injury:	07/02/2012
Decision Date:	11/17/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/08/2014

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 Physical Medicine and Rehabilitation 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 injured worker is a 53-year-old male who reported injury on 07/02/2012. The mechanism of injury was not provided. The injured worker's diagnoses included lumbar disc herniation with lumbar radiculopathy, hypertension, and full code. The injured worker's past treatments included medications, epidural steroid injection, and surgery. The injured worker's diagnostic testing included an unofficial MRI of the spine on unknown date, which indicated moderate size central paracentral protrusion at L4-5 that faces the traversing right L5 nerve root, and subarticular recess. The injured worker's surgical history included laminectomy and discectomy at level L4-5 on 07/03/2014. On the discharge summary dated 07/06/2014, the injured worker presented to the emergency room with acute/chronic worsening back pain and leg pain. The injured worker stated pain was exacerbated by a recent injection done at the pain clinic, and due to worsening pain unable to control by medications. The injured worker had decreased range of motion, and was holding his leg quite still and motionless to reduce the pain. The injured worker's medications included hydrocodone 10/325 every 6 hours as needed, and cyclobenzaprine 10 mg 3 times a day as needed. The request was for inpatient admission from 06/30/2014 to 07/06/2014. The rationale for the request was not provided. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inpatient Admission from 06/30/14 to 07/06/14: Upheld

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 Chapter; regarding hospitalization for low back complaints Official Disability Guidelines (ODG) Low Back Chapter; regarding discectomy ; length of stay (LOS) ACOEM Practice Guidelines, 2nd Edition

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Laminectomy/ Discectomy.

Decision rationale: The request for inpatient admission from 06/30/14 to 07/06/14 is not medically necessary. The California MTUS/ ACOEM Guidelines state standard discectomy or microdiscectomy for herniated disk is recommended for the treatment of radicular pain symptoms. The Official Disability Guidelines state for discectomy/laminectomy, the length of stay should be 1 day without complications, and for lumbar fusion 3 days without complications; however, the injured worker was admitted from 06/30/2014 to 07/06/2014. The medical records indicate the injured worker was admitted overnight on 06/30/2014 to accommodate for the neurosurgeon to come in morning of 07/01/2014; however, the patient did not receive surgical intervention until 07/03/2014. The medical records indicate the injured worker underwent laminectomy without any complication, and was ambulating 48 hours postop. Additionally, the requesting physician did not indicate the rationale for the length of hospital stay, as well as the rationale for the inpatient admission. As such, the request for inpatient admission from 06/30/14 to 07/06/14 is not medically necessary.