

Case Number:	CM14-0127857		
Date Assigned:	08/15/2014	Date of Injury:	09/17/2012
Decision Date:	09/29/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	08/12/2014

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 62-year-old male with a 9/17/12 date of injury. He was sorting documents, which required lifting 30-lb document bags and he began to feel increasing pain in his lower back. A letter of appeal dated 7/15/14 documented that the patient is able to ambulate under his own power. His lumbar ROM is decreased. Lower extremity sensation is 5/5 other than the gastrocnemius, which is 4/5. Sensation is diminished in the right L5 and S1 and left S1 light touch dermatomal distributions. Severe muscle spasm is noted. The patient is ambulatory without assistance. A lumbar MRI dated 3/14/14 showed multilevel degenerative disc disease at L2-3 through L4-5, a 3mm grade I anterolisthesis at L4-5, and a spinal catheter, entering the dorsal canal at T12. Diagnostic Impression: Degenerative spinal stenosis with disc herniations at L5-S1, foraminal stenosis at L1 through S1, and grade I spondylolisthesis at L4-5. Treatment to date: medication management, spinal cord stimulator in 2/14, physical therapy, acupuncture, chiropractic care, and injection therapy. A UR decision dated 7/10/14 denied the request for an inpatient 3 day stay due to the fact that the initial surgical procedure was not certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inpatient 3 day stay: 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 / Laminectomy.

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 Stay.

Decision rationale: CA MTUS does not address this issue. ODG supports up to 2 hospital stays for discectomy/laminectomies. However, there is no clear documentation provided that the initial surgical request was certified. Since the initial surgical request was not found to be medically necessary in the UR decision dated 7/10/14, the associated perioperative request cannot be substantiated. Therefore, the request for inpatient 3 day stay is not medically necessary.