

Case Number:	CM14-0160962		
Date Assigned:	10/02/2014	Date of Injury:	02/16/2011
Decision Date:	11/26/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	10/01/2014

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:

The claimant was injured on 02/16/11. Extension of an inpatient stay from 08/22/14 through 08/24/14 is under review. The claimant had a 1 day stay certified. She is status post lumbar laminotomy, microdiscectomy, and decompression at bilateral L4-5 level on 08/21/14. There is no clinical information about the postop hospitalization or the claimant's postop clinical status and treatment. The notes that were provided were from prior to the date of surgery. It was noted that she had a disc herniation at L4-5 with an annular tear and neural impingement with left-sided radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extension of an inpatient stay DOS: 08/22-08/24/2014: Upheld

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: Discectomy/laminectomy/laminotomy - Hospital length of stay (LOS)

Decision rationale: The history and documentation do not objectively support the request for more than one day's length of stay following laminotomy/discectomy in the absence of

complications of surgery or the hospital stay. The MTUS do not address LOS and the ODG state "Discectomy (icd 80.51 - Excision of intervertebral disc); actual data -- median 1 day; mean 2.1 days (0.0); discharges 109,057; charges (mean) \$26,219; best practice target (no complications) - Outpatient; laminectomy (icd 03.09 - Laminectomy/laminotomy for decompression of spinal nerve root); actual data -- median 2 days; mean 3.5 days (0.1); discharges 100,600; charges (mean) \$34,978; best practice target (no complications) -- 1 day." A one day stay is a best practice target and there is no clinical information that supports continued stay for an additional 3 days. The medical necessity of the additional dates from 08/22/14 through 08/24/14 has not been demonstrated and cannot be recommended based on the available information. Therefore, the request is not medically necessary.