

Case Number:	CM14-0172400		
Date Assigned:	10/23/2014	Date of Injury:	04/09/2001
Decision Date:	11/25/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/17/2014

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 Spine Surgeon and is licensed to practice in Texas. 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 57-year-old female who reported an injury on 04/01/2001 due to an unspecified mechanism of injury. The injured worker complained of lower back pain that radiated to the lower extremities. The diagnosis included joint pain to the hand, lumbar/lumbosacral disc degeneration, lumbosacral neuritis, and coccydynia. The diagnostic studies included a CT of the lumbar spine dated 11/02/2005 and an unofficial MRI of the lumbar spine dated 09/20/2006. Other treatments included physical therapy, medication, epidural steroid injections, Toradol injections, and a SCS trial, acupuncture, heat treatment, and ice treatment. The past surgical history included a laminectomy at the L4-5 performed in 2005, an anterior disc replacement at the L4-5 performed in 2007, and a laminectomy at the L4-5 performed in 06/28/2011. The medications included Prilosec 20 mg, Duragesic patch at 20 mcg/hour, Oxycodone 5 mg daily as needed, Lyrica 150 mg, Robaxin 750 mg, Cymbalta 60 mg, Zofran 4 mg, Topamax 25 mg, and Dyazide 50/25 mg. The objective findings dated 07/22/2014 indicated the physical exam revealed no abnormal curvature of the spine, positive for tenderness to palpation over the lumbar facet, bilaterally, the thoracic facets, bilateral sacroiliac joints, bilateral lumbosacral region, and the coccyx, along with paravertebral thoracic spasms. The lumbar region revealed surgical scars. The straight leg raise was positive on the right at 45 degrees and left at 60 degrees. Faber was negative for the right and for the left. Gait was compensated/with a cane. Lateral flexion to the right was 10 degrees, lateral flexion to the left was 10 degrees, and flexion was 45 degrees. The treatment plan included an in hospital stay times 1 to 2 days. The Request for Authorization dated 10/23/2014 was submitted in the documentation. The rationale for the inpatient stay was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inpatient hospital stay x 1-2 days.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment index., 12th Edition (web), 2014, Low Back/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) Low Back, Length Hospital stay

Decision rationale: The request for inpatient hospital stay x 1 to 2 days is not medically necessary. The Official Disability Guidelines recommend the median length of stay based on the type of surgery. The length of stay for a laminectomy, with no complications is one day stay. The guidelines indicate a stay of 1 day with a best practice target and no complications. The clinical notes did not indicate any anticipated complications. The clinical notes were not specific on the reasoning for the request for the inpatient hospital stay x 1 to 2 days. As such, the request is not medically necessary.