

<b>Case Number:</b>	CM14-0022563		
<b>Date Assigned:</b>	05/07/2014	<b>Date of Injury:</b>	04/06/2001
<b>Decision Date:</b>	07/09/2014	<b>UR Denial Date:</b>	02/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/21/2014

### 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 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 claimant is a 56 years old female who strained her back on 4/06/11 with status post anterior cervical decompression and fusion at c6-7 on 8/01/13. In follow up visit with complaints of low back pain radiating to both lower limbs with clinical diagnosis of prolapsed intervertebral disc at L4-5 and to rule out fracture of pars at L5 with bilateral lower extremity radiculopathy was diagnosed. MRI evaluation on 9/20/12 revealed wedge compression at T12 with 50 percent ventral height loss. L4-5 disc has 3 mm prolapse without any thecal sac stenosis, evidence of foraminal stenosis related posterolateral disc bulge without any nerve root compression. Overall stable appearance of lumbar spine noted. Helical CT scan dated 4/19/13, with 3D/Multiplanar images revealed T12 wedge compression noted facet arthropathy noted at L4-5 and L5-S1. The treating physician has mentioned L4-5 instability in flexion extension x-rays but report not available. The treating physician saw the claimant on 09/06/13 in follow up visit. He reported low back pain. His medication included medrox patches, narco, naprosyn, flubriprofen creams. Examination of lumbar spine shows para spinal muscle spasm, straight leg rising was positive bilaterally, There was weakness in extensor halusis longus, tibialis anterior, and peroneus longus. There was decreased sensations to light touch over L5 dermatome. The prior utilization review denied the medical necessity of anterior posterior fusion with decompression at L4-5 as the clinical L4-5 instability; nerve root compression was not supported by imaging study including MRI and CT scan. the disc bulge at L4-5 was minimal without thecal sac compression. in the same review 30 days rental hospital bed requirement was denied as the surgical procedure requested was deemed not necessary. The present request is for 30 days rental hospital bed for the claimant.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**30 DAY RENTAL HOSPITAL BED:** 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), Treatment in Worker's Comp 18th Edition, 2013 Updates, Low Back Chapter-Mattress Selection.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307.

**Decision rationale:** The 30 days rental hospital stay is not medically necessary as the claimant is having symptoms of low backache with bilateral lower extremity radiculopathy with clinical diagnosis of L4-5 disc prolapse with bilateral lower limb radiculopathy. The diagnostic imaging reveals non prolapse L4-5 disc without any thecal sac stenosis, nerve root compression. Spinal alignment noted to be normal as per CAMTUS guidelines surgical indication is for the severe and disabling lower symptoms in a distribution consistent with abnormalities of imaging studies (radiculopathy) preferably with accompanying objective signs of neural compromise. In current review the purpose of 30 days hospital accommodation is not clearly mentioned and considering spine surgery which can not be recommended without evidence of imaging and supporting guidelines, the 30 day hospital rental request is not medically necessary.