

<b>Case Number:</b>	CM14-0024723		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	04/20/2001
<b>Decision Date:</b>	07/24/2014	<b>UR Denial Date:</b>	02/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/26/2014

### 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:

This is a 46 year-old female who is status post long fusion of the thoracolumbar spine to L4. After the original fusion she developed adjacent level degeneration L4-5 and L5-S1. Her surgeon has prescribed an extension of the fusion, an assistant surgeon, an inpatient hospital stay (with no duration), preoperative medical clearance, and purchase of a back brace. Utilization Review certified all the requests without modifications except for the unspecified duration inpatient stay, which was modified to 3 days in accordance with the cited guidelines. This Utilization Review modification was appealed for an Independent Medical Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **INPATIENT HOSPITAL STAY:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines Low Back Procedure Summary.

**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 Procedure Summary hospital Length of Stay guidelines, Lumbar fusion:Length of stay: Best target practice without complications-- 3 days.

**Decision rationale:** The request to Independent Medical Review is for a post-operative hospital stay of an unspecified duration. The MTUS does not provide direction for hospital stays. The Official Disability Guidelines recommend a 3 day stay when there are no complications, as was certified in Utilization Review. The request for Independent Medical Review is for an unspecified duration, which may potentially exceed the guideline recommendations. The unspecified duration is therefore not medically necessary, as it may exceed guideline recommendations, and the treating physician provided no specific indications for exceeding the guidelines.