

<b>Case Number:</b>	CM14-0024940		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	02/29/2012
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	02/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2014

### 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:

The injured worker is a 36-year-old male who reported an injury on 02/29/2012. The mechanism of injury was not provided in the documentation. Per the MRI dated 09/14/2013 of the lumbar spine, the injured worker was reported to have an L5-S1 broad based central disc protrusion impinging on the thecal sac as well as the descending nerve roots, greater on the right, a facet arthropathy. Per the surgical report dated 03/03/2014, the injured worker underwent right L5-S1 hemilaminotomy and L5-S1 discectomy. Per the progress note dated 05/07/2014, the injured worker reported minor improvement in his back pain following the discectomy. The injured worker continued to report pain in his lower back with radiating pain to his right lower extremity. The injured worker was reported to have undergone 4 to 5 sessions of physical therapy which he found helpful. On physical exam, the injured worker was reported to have tenderness to the posterior lumbar spine with limitation in flexion to 70 degrees and extension to 20 degrees with a negative straight leg raise bilaterally. Diagnoses for the injured worker were reported to include lumbar radiculopathy and lumbar herniated nucleus pulposus status post lumbar discectomy. The request for authorization form for medical treatment for the inpatient stay x 2 days and the pre-op medical clearance was dated 02/07/2014. The provider's rationale for those requests was not provided in the documentation. Previous treatments for the injured worker included epidural steroid injections, medications, and imaging.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**INPATIENT STAY X 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 (ODG).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, Hospital length of stay.

**Decision rationale:** The request for inpatient stay x 2 days is non-certified. Per California MTUS/ACOEM Guidelines, referral for surgical consultation is indicated for patients who have any of the following conditions to include severe and disabling lower leg symptoms and a distribution consistent with abnormalities such as radiculopathy with accompanying objective signs of neural compromise, activity limitations due to radiating leg pain for more than 1 month or extreme progression of lower leg symptoms, clear clinical imaging and electrophysiologic evidence of a lesion that has been shown to benefit in both the long and short term from surgical repair, or failure of conservative treatment to resolve disabling radicular symptoms. Per ODG Guidelines for a discectomy, best practice with no complications is outpatient surgery. There is a lack of documentation regarding the provider's rationale for the requested 2 day hospital stay. There is a lack of documentation regarding previous surgical complications that would indicate the need for the overnight stay. In addition, the Guidelines recommend outpatient treatment as the best practice. Therefore, the request for inpatient x 2 days is not medically necessary.

**PRE-OP MEDICAL CLEARANCE:** 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).

**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, Pre-operative lab testing.

**Decision rationale:** The request for pre-op medical clearance is non-certified. Per ODG Guidelines, the decision to order a preoperative test should be guided by the patient's clinical history, comorbidities, and physical examination findings. An alternative to routine pre-operative testing for the purpose of determining fitness for anesthesia and identifying patients at high risk of post-operative complications may be to conduct a history and a physical examination, with selective testing based on the clinician's findings. There is a lack of documentation regarding the injured worker had any comorbid conditions that would require pre-operative clearance. There is a lack of documentation regarding previous surgical complications that would warrant the need for a medical clearance. Therefore, the request for pre-op medical clearance is not medically necessary.