

<b>Case Number:</b>	CM14-0027900		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	12/28/2005
<b>Decision Date:</b>	11/04/2014	<b>UR Denial Date:</b>	02/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/05/2014

### 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 Spine Fellowship 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:

According to the records made available for review, this is a 48-year-old female with a 12/28/05 date of injury, and left L4-5 posterior Oblique Lumbar Arthrodesis with Laminectomy with poster lateral fusion and instrumentation on 1/16/14. At the time (2/24/14) of the Decision for 2 Additional hospital days following the initial inpatient stay of 1/16/2014 to 1/20/14 for a total of 6 days, there is documentation of subjective (leg feeling shaky) and objective (unspecified) findings, current diagnoses (left sciatica, herniated nucleus pulposus L3-4-5, and spinal stenosis at L4-5), and treatment to date (medications and physical therapy). Medical reports identify that patient's lower extremities began to shake at terminal end of gait training; no complaints of pain; patient ambulated to and from bathroom with front wheel walker and climbed into bed without assistance; and to discharge the patient to rehabilitation if bed available, or discharge the patient home with family support.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**2 Additional Hospital Days Following the Initial Inpatient Stay of 1/16/2014 to 1/20/14 For a Total of 6 Days: 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 ODG: Low Back, Hospital Length of Stay (LOS)

**Decision rationale:** MTUS does not address the issue. ODG supports up to 4 days of length of stay in the management of lumbar decompression/fusion. Within the medical information available for review, there is documentation of diagnoses of left sciatica, herniated nucleus pulposus L3-4-5, and spinal stenosis at L4-5. In addition, there is documentation of left L4-5 posterior oblique lumbar Arthodesis with laminectomy with poster lateral fusion and instrumentation on 1/16/14. However, the requested additional hospital stay (total of 6 days) exceeds guidelines (up to 4 days). In addition, given documentation that patient's lower extremities began to shake at terminal end of gait training; no complaints of pain; patient ambulated to and from bathroom with front wheel walker and climbed into bed without assistance; and to discharge the patient to rehabilitation if bed available, or discharge the patient home with family support, there is no documentation of a rationale to identify the need for 2 additional hospital days. Therefore, based on guidelines and a review of the evidence, the request for 2 Additional hospital days following the initial inpatient stay of 1/16/2014 to 1/20/14 for a total of 6 days is not medically necessary.