

Case Number:	CM14-0029561		
Date Assigned:	03/19/2014	Date of Injury:	03/30/2012
Decision Date:	05/20/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	03/07/2014

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 claimant is a 29 year old male who was injured on March 30, 2012, sustaining an injury to the low back. The records indicate failed conservative care and a previous lumbar decompression at the L5-S1 level. An August 19, 2013 progress report indicated the claimant to be status post L5-S1 laminectomy discectomy with continued complaints of pain. Based on the failed conservative care and continued symptoms a revision discectomy was recommended for further intervention. The specific clinical request is in regards to the claimant's postoperative hospital stay for which the treating physician is currently recommending a "two to three day" inpatient stay. Further clinical records are not pertinent to this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

2-3 DAY INPATIENT STAY: 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 Official Disability Guidelines (ODG), Low Back Procedure.

Decision rationale: The Expert Reviewer's decision rationale: The CA MTUS Guidelines are silent. When looking at the Official Disability Guidelines criteria the request for two to three inpatient stay is not indicated. The repeat surgical process is being recommended. There is no current indication that the surgical process has been approved. The guidelines in regards to surgical discectomy would only indicate the role of a one day inpatient length of stay. The request for a two to three day inpatient stay is not recommended as medically necessary as it exceeds the recommended guidelines.