

Case Number:	CM14-0034000		
Date Assigned:	06/20/2014	Date of Injury:	02/06/2006
Decision Date:	07/24/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	03/18/2014

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 Mississippi. 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 73-year-old female was reportedly injured on February 6, 2006. The mechanism of injury was noted as a trip and fall. The most recent progress note, dated March 12, 2014, indicated that there were ongoing complaints of low back pain radiating to the left lower extremity. No physical examination was performed on this date. A physical examination, dated January 27, 2014, noted tenderness of the left side of the lower lumbar spine and a positive left-sided straight leg raise. There was normal lower extremity sensation, and muscle strength was rated at 5/5. A request had been made for an inpatient length of stay for two days and was not certified in the pre-authorization process on March 7, 2014; however, there was also a certification for an inpatient length of stay for three days.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inpatient hospital length of stay, 3-5 days: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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 Chapter.

Decision rationale: According to the Official Disability Guidelines, the median length of stay for a lumbar fusion is three days time. Therefore, it is only medically necessary to certify a length of stay for three days without additional justification. As this request is for a hospital length of stay for 3 to 5 days, this request is not medically necessary.