

<b>Case Number:</b>	CM14-0043175		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	12/24/2008
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	03/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2014

### 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 Texas. 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 55-year-old male who reported injury on 12/24/2008. The mechanism of injury was the injured worker was hit from behind by a forklift while walking. The injured worker underwent a surgical repair for a left leg incision and debridement, including a 2 incision fasciotomy with a percutaneous pin fixation for the left 2nd through 4th metatarsals. The prior treatments were noted to include an injection in his low back which did not help. The injured worker was noted to have an MRI and x-rays of the lumbar spine. The injured worker's medications were noted to include gabapentin 600 mg 3 times a day and baclofen 10 mg once a day. The injured worker was noted to undergo x-rays with flexion and extension and an EMG/NCV. There was no Request for Authorization form submitted for the requested inpatient stay. The request for the surgical intervention was found to be not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Three day inpatient length of stay for L4-5 Anterior Lumbar Interbody Fusion: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**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, Hospital Length of Stay.

**Decision rationale:** The Official Disability Guidelines indicate that the hospital length of stay for a lumbar fusion is 3 days. The clinical documentation submitted for review indicated the surgical intervention was found to be not medically necessary. Given the above, the request for Three day inpatient length of stay for L4-5 Anterior Lumbar Interbody Fusion is not medically necessary.

**Three day inpatient length of stay for Posterior Fusion with Pedicle Screws:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**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, Hospital Length of Stay.

**Decision rationale:** The Official Disability Guidelines indicate that the hospital length of stay for a Posterior Fusion with Pedicle Screws is 3 days. The clinical documentation submitted for review indicated the surgical intervention was found to be not medically necessary. Given the above, the request for Three day inpatient length of stay for Posterior Fusion with Pedicle Screws is not medically necessary.