MAXIMUS Federal Services

Case Number:	CM14-0046297		
Date Assigned:	07/02/2014	Date of Injury:	10/04/2008
Decision Date:	08/01/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	04/14/2014

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 Occupational Medicine 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 patient is a 61 year old female who was injured on 10/04/2008. She sustained an injury to her low back when she fell in a parking lot. The patient underwent posterior lumbar interbody fusion, L4-L5 done on 02/24/2014. A progress report dated 03/07/2014 indicates the patient was 1-1/2 weeks status post posterior lumbar interbody fusion at L4-5. On exam, there is no evidence of injection. The deep tendon reflexes are equal and symmetric at the knees and ankles. The motor strength is 5/5 in all muscle groups of bilateral lower extremities. The diagnosis is status post posterior lumbar interbody fusion at L4-5. The patient is recommended for re-evaluation and she is to continue Norco for the pain. An orthopedic re-evaluation request for authorization note dated 01/08/2014 documents the patient presented for follow up. She has been diagnosed with Grade I spondylolisthesis at L4-L5 with instability. She has been scheduled to undergo a posterior lumbar interbody fusion L4-L5 on 07/15/2013; however her pre-op urine culture grew bacteria that needed treatment. Her UA from 12/17/2013 revealed no bacteria and growth. She is ready to be scheduled for surgery. She reported back pain and numbness and tingling down her legs. On exam, she has 2+ lumbar paraspinous muscle spasm. There is tenderness to palpation along paraspinous muscles. She has decreased sensation to light touch and pinprick in the L5 dermatome on the right. The treatment and plan included a request for the patient to undergo a posterior lumbar interbody fusion at L4-5 and 3 hospital days, an assistant surgeon, durable medical equipment to include an lumbar-sacral orthosis back brace, bone growth stimulator unit, TENS unit, front wheel walker and 3 in 1 commode; and post operative home health nurse for daily dressing changes and wound check for 14 days. The prior utilization review dated 03/14/2014 states the request for Retrospective request for two additional days pre-op in hospital and six days post-op is authorized. The ODG recommends 3 days of inpatient hospitalization for lumbar laminectomy and fusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for two additional days pre-op in hospital and six days post-op: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, Hospital Length of Stay.

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, Hospital stay and hospital guidelines.

Decision rationale: This is a 61 year old female with a history of recurrent/frequent urinary tract infections (UTI). The patient had in UTI prior to the surgery and required pre-op IV therapy and additional 6 days post-op IV therapy. The ODG guidelines recommend a posterior lumbar fusion, posterior. The request is for 2 pre-op inpatient days and 6 post-op fusion inpatient days. And based upon the UTI for which she has been seeing an urologist the 2 days pre-op and 6 days post-op inpatient stays are medically appropriate. Based on the ODG guidelines and criteria as well as the clinical documentation stated above, the request is medically necessary.