

Case Number:	CM14-0063742		
Date Assigned:	07/14/2014	Date of Injury:	08/22/2012
Decision Date:	08/22/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	05/06/2014

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 39 year old female who sustained an injury to her low back on 08/22/12 when she slipped off the bottom rung of a ladder, falling onto her buttocks. A MRI of the lumbar spine dated 01/08/13 revealed L5-S1 disc desiccation; moderate disc height loss and 2 millimeter of retrolisthesis; slight posterior lateral annular tear with small extruded disc fragment; impingement of the traversing right S1 nerve root and posterior displacement of the right S2 nerve root on contact of the left S2 nerve root as well; overall moderate central canal stenosis with moderate facet arthropathy contributing to the latter; moderate caudal left and right mild foraminal narrowing; small posterior facet synovial cyst extending into the paraspinal soft tissue. Physical examination noted antalgic gait; tenderness at multiple points in the midline of the entire lumbar spine and paraspinals bilaterally; 5/5 strength in the bilateral lower extremities; slight weakness in the distal left lower extremity (inconsistent); lumbar range of motion remarkable for lateral flexion to knee level with reproduction of low back pain and limited painful extension with reproduction of left leg pain, greater than low back pain; able to heel/toe walk; straight leg raise positive left; positive Lesegue's left and exaggerated response to the left; reflexes equal and bilateral. It was noted that the injured worker is status post lumbar epidural steroid injection dated 07/16/13 with no significant benefit.

IMR ISSUES, DECISIONS AND RATIONALES

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

2-3 inpatient hospital stay: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (lumbar spine).

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 previous request was partially certified for one day inpatient stay. The Official Disability Guidelines recommend up to one day of hospital stay for the previously certified procedure. There was no information provided that would support the need to exceed the Official Disability Guidelines recommendations in frequency or duration of inpatient hospital stay visits. Given this, the request for a two to three day inpatient hospital stay is not indicated as medically necessary.