

Case Number:	CM14-0064354		
Date Assigned:	07/11/2014	Date of Injury:	10/18/2012
Decision Date:	08/13/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/07/2014

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 patient is a 47-year-old male who sustained a vocational injury on 10/18/12. The records presented for review document that the claimant has been approved and met criteria for a posterior lumbar interbody fusion at L5-S1. The medical records identify that the claimant has current comorbidities to include glaucoma, diabetes, hypertension, hyperlipidemia, and morbid obesity. Documentation also suggests that the claimant is a nonsmoker. The current request is for a four day hospital stay.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 day 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: Low Back Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Official Disability Guidelines (ODG); Low Back chapter - Hospital Length of Stay.

Decision rationale: The California MTU and ACOEM Guidelines do not address inpatient length of stay. The Official Disability Guidelines recommend a three day length of stay following posterior lumbar fusion. The request for four day length of stay exceeds the Official Disability Guidelines. There is no documentation in the records to support that this claimant would be an exception to the standard guideline and require additional inpatient days. Based on the documentation presented for review and in accordance with Official Disability Guidelines, the request for a four day length of stay is not medically necessary and appropriate.

Bone Stimulator: 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: Bone Growth Stimulators (BGS).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Official Disability Guidelines (ODG); Low Back chapter - Bone Growth Stimulators.

Decision rationale: The California MTUS and ACOEM Guidelines do not address bone growth stimulators. The Official Disability Guidelines supports the use of bone growth stimulators in the setting of comorbidities such as diabetes, renal disease, or alcoholism. The medical records document that the claimant is a diabetic as well as morbidly obese. Subsequently, the claimant meets criteria for a bone growth stimulator to promote fusion rate. Therefore, the request for a Bone stimulator is medically necessary and appropriate.