

Case Number:	CM14-0126103		
Date Assigned:	08/11/2014	Date of Injury:	09/30/2003
Decision Date:	03/23/2015	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	08/08/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Minnesota, Florida
 Certification(s)/Specialty: Orthopedic Surgery

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 56 year old female, who sustained an industrial injury on September 30, 2003, when a train crashed in the subway. She has reported low back pain. The diagnoses have included chronic pain syndrome, degeneration of cervical intervertebral disc, knee pain, lumbar post-laminectomy syndrome, and lumbosacral radiculitis. Treatment to date has included left knee replacement, right shoulder surgery, L5 surgery, and oral and topical medications. Currently, the injured worker complains of ongoing pain in the back radiating down the left foot, unable to dorsiflex the left foot and ankle, with numbness on the top of the left foot. A Physician's visit dated June 25, 2014, noted the injured worker with a CT scan reconstructed in the sagittal and coronal view which showed pedicle screws present. At L5-S1, flexible rods were noted to be present, with posterior portion of the fusion healed and the anterior portion not healed. Nerve root canal stenosis associated with disc protrusion was noted at L4-L5, with moderate stenosis at L3-L4. The Physician informed the injured worker he could remove the screws and rods, with extension of the fusion one level, and decompression at the L4-L5 level, and was seeking immediate authorization for this. On July 9, 2014, Utilization Review modified a request for an inpatient hospital stay (3-5 days), noting the Official Disability Guidelines (ODG) recommends three days of hospital stay on average following lumbar fusion, therefore the request was modified to approve a three day inpatient hospital stay. On August 8, 2014, the injured worker submitted an application for IMR for review of an inpatient hospital stay (3-5 days).

IMR ISSUES, DECISIONS AND RATIONALES

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

Inpatient Hospital Stay (3-5 days): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Low Back, Procedure Summary, Hospital length of stay (LOS) Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Section: Low Back, Topic: Hospital length of stay

Decision rationale: ODG guidelines indicate the median length of stay as 3 days for a lumbar fusion (for both anterior and posterior techniques). The best practice target with no complications is 3 days. As such, the request for 3-5 days is not supported and the medical necessity is not substantiated.