

<b>Case Number:</b>	CM14-0194671		
<b>Date Assigned:</b>	12/02/2014	<b>Date of Injury:</b>	12/22/2009
<b>Decision Date:</b>	01/20/2015	<b>UR Denial Date:</b>	11/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/20/2014

### 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of December 22, 2009. In a Utilization Review Report dated October 3, 2014, the claims administrator partially approved a request for a five-day inpatient stay following a planned single-level lumbar fusion surgery as a three-day inpatient stay. The claims administrator did approve an L4-L5 lumbar fusion surgery, however. The claims administrator stated that its decision was based on non-MTUS ODG Hospital Length of Stay Guidelines. The claims administrator stated that its decision was based off on an earlier Utilization Review Report dated October 15, 2014 and an RFA form dated October 24, 2014. The applicant's attorney subsequently appealed. On May 29, 2014, the applicant was placed off of work, on total temporary disability, owing to ongoing complaints of low back pain. The applicant was using Norco for pain relief. In an August 30, 2014 consultation, the applicant reported persistent complaints of low back pain radiating to the legs, left greater than right. The applicant was not currently working, it was acknowledged. The applicant had not undergone any prior spine surgery. The applicant did have a past medical history notable for stomach ulcer, renal dysfunction, and ovarian cancer. The applicant was on Norco, tramadol, and Flexeril. An L4-L5 lumbar fusion surgery was sought. On September 4, 2014, the applicant's primary treating provider also reiterated the request for lumbar fusion surgery and associated five-day hospitalization. Ultram was endorsed. The applicant was kept off of work, on total temporary disability.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**(5) Day in patient stay:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines Hospital Length Stay (LOS) Guidelines

**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 Guideline Following Lumbar Fusion Surgery.

**Decision rationale:** The MTUS does not address the topic of hospital length of stay. As noted in ODG's Hospital Length of Stay Guidelines, the best practiced target following a lumbar fusion surgery, whether posterior, lateral, or median is "three days." In this case, the attending provider did not establish the presence of any significant preoperative complications which would compel hospitalization for two days beyond the ODG best practice target. The applicant's medical history notable for stomach ulcer, kidney cancer, and/or ovarian cancer would not necessarily result in the applicant experiencing complications that would inadvertently result in hospitalization beyond the ODG best practice target. Therefore, the request is not medically necessary.