

Case Number:	CM14-0097252		
Date Assigned:	09/16/2014	Date of Injury:	05/03/2010
Decision Date:	01/21/2015	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	06/25/2014

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 Physical Medicine Rehab 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:

This is a 38 year old female who sustained a work related injury on 5/03/2010. The mechanism of injury occurred when she lifted a laundry bag and felt a strain in her lower back. Per the Primary Treating Physician's Report dated 5/7/2014 (20), the injured worker reported low back pain with radiation to the right lower extremity and associated numbness. Physical Examination revealed decreased sensation and strength, tenderness and decreased range of motion. Diagnoses included moderate to severe lumbosacral signs and symptoms and bilateral lower extremity radiculopathy. Work Status was remain off work for six weeks. The Qualified Medical Examination dated 5/28/2014 indicated that there was magnetic resonance imaging (MRI) of the lumbar spine dated 6/11/2010 revealed disc protrusion at L5-S1, and rule out compression upon the S1 nerve root. Prior treatments included physical therapy and injections. An updated MRI dated 9/28/2011 revealed no significant change except for a slight decrease in the disc bulge at L5-S1. On 06/09/2014, Utilization Review non-certified a prescription for an inpatient stay for L5-S1 decompression and possible fusion based on lack of medical necessity. The CA MTUS ACOEM Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inpatient Stay for L5 through S1 Decompression and Possible Fusion: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Online Low Back chapter: Hospital length of stay (LOS)

Decision rationale: The patient has low back pain. The current request is for Inpatient Stay for L5 through S1 Decompression and Possible Fusion. The initial orthopedic surgeon report dated 5/7/14 states, "I am recommending an L5 through S1 decompression and possible fusion. The fusion may be necessary if the disc height loss is causing vertical stenosis and the only way to decompress the foramina is by restoring the height of the disc." The orthopedic report dated 5/30/14 states, "I would like to respectfully disagree with (UR decision). The UR physician denied the surgery because she states that there is no significant clinical findings. I would like to appeal for authorization..." The MTUS guidelines do not address inpatient stay following surgery. The ODG guidelines state that for decompression the median stay is 2 days. In this case there is no documentation that surgery has been authorized. The question is whether an inpatient stay is needed for this IW if she were to receive a decompression and possible fusion. An inpatient stay after a decompression surgery is medically necessary and thus, the request is medically necessary.