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| <b>Case Number:</b>   | CM15-0105528 |                              |            |
| <b>Date Assigned:</b> | 06/09/2015   | <b>Date of Injury:</b>       | 11/01/2011 |
| <b>Decision Date:</b> | 07/10/2015   | <b>UR Denial Date:</b>       | 05/27/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/01/2015 |

### 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: Illinois, California, Texas  
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 54-year-old female who sustained an industrial injury on 11/11/11. Injury occurred while sweeping, mopping and cleaning at work. Past medical history was positive for asthma, hypothyroidism, and hypertension. The 1/6/15 pre-operative evaluation classified her Goldman Class 1. She underwent right knee diagnostic and operative arthroscopy with partial medial and lateral meniscectomy and chondroplasty on 1/9/15. The 3/26/15 electrodiagnostic study documented findings consistent with bilateral L5 and possible subtle left S1 radiculopathy. The 4/2/15 lumbar spine MRI documented moderate loss of disc height at L4/5 with mild anterior spondylosis, grade 1 (4 mm) spondylolisthesis, and moderate to severe bilateral neuroforaminal stenosis with encroachment on the bilateral L4 nerve roots. At L5/S1, there was moderate loss of disc height with mild anterior spondylosis, 2 mm retrolisthesis in conjunction with a 2 mm posterior broad-based disc bulge causing mild central canal narrowing, and moderate left neuroforaminal narrowing. The 4/30/15 treating physician report cited severe low back pain radiating down both legs that was not improving with time. Physical exam noted the injured worker was able to toe walk, heel walk and squat. There was increased pain with extension and flexion, decreased right L4 dermatomal sensation, and positive straight leg raise bilaterally. X-rays of the lumbar spine showed spondylolisthesis of L4/5 with instability on flexion/extension and foraminal stenosis at the L4/5 and L5/S1 levels. MRI showed the same findings. EMG was consistent with bilateral L5 and left S1 radiculopathy. The injured worker had significant pain in the lower back radiating down the leg despite conservative treatment in the last four years. The symptoms are not getting better with time and it is very difficult for her

to live and manage. The treatment plan recommended laminectomy and posterior spinal fusion with instrumentation and posterolateral interbody fusion from L4-S1 with associated services. Authorization was requested for inpatient hospital stay for 5 days. The 5/27/15 utilization review certified the request for laminectomy, posterior spinal fusion with instrumentation and posterolateral interbody fusion at L4/5 and L5/S1. A request for 5 day inpatient stay was modified to 3 days consistent with the Official Disability Guidelines.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Associated Surgical Service: Inpatient hospital stay; 5 days: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

**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 Lumbar & Thoracic: Hospital length of stay (LOS).

**Decision rationale:** The California MTUS does not provide hospital length of stay recommendations. The Official Disability Guidelines recommend the median length of stay (LOS) based on type of surgery, or best practice target LOS for cases with no complications. The recommended median and best practice target for anterior or posterior lumbar fusion is 3 days. The 5/27/15 utilization review modified the request for 5 days length of stay, certifying 3 days. There was no rationale provided to support the medical necessity of this length of stay. There was no documentation of significant medical comorbidity. There is no compelling reason to support the medical necessity beyond guideline recommendations and the 3 day hospital stay previously certified. Therefore, this request is not medically necessary.