

<b>Case Number:</b>	CM15-0131971		
<b>Date Assigned:</b>	07/20/2015	<b>Date of Injury:</b>	03/05/2004
<b>Decision Date:</b>	08/28/2015	<b>UR Denial Date:</b>	06/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/08/2015

### 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: 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 61 year old male who sustained an industrial injury on 3/5/04 in a truck rollover injuring his back, arm, leg and neck. He currently has low back pain radiating down both lower extremities with paresthasias right greater than left. On physical exam of the lumbar spine there was tenderness on palpation in the lumbar paraspinal muscles bilaterally but more significant on the right with guarding. Medications were Ultram, Norco, and Soma. Diagnoses include chronic low back pain, right greater than left, status post lumbar reconstruction L5-S1 3/5/09, L5-S1 reconstruction revision (8/3/10), post redo exposure of anterior lumbar spine L5-S1 with anterior lumbar interbody fusion L5-S1 (8/18/10), status post L5-S1 reconstruction revision (10/18/10); neck pain with right upper extremity pain/paresthasias. Treatments to date include transforaminal epidural steroid injections right L4-5 and L5-S1. Diagnostics include electrodiagnostic studies of the lower extremity which revealed evidence of a chronic right lumbosacral radiculopathy involving the right L% nerve root and chronic left L5 lumbosacral radiculopathy; MRI of the lumbar spine (11/20/09) showing L5-S1 fusion; computed tomography of the lumbar spine (8/11/09) showing L5-S1 post-operative changes, L4-5 degenerative disc disease, disc bulges and facet joint arthropathy; MRI of the lumbar spine (1/19/15) showing postsurgical changes, annular bulge and facet hypertrophy. On 6/26/15, Utilization Review evaluated a request for associated service: length of stay.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Associated service: LOS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 13th edition (web), 2015, Low Back , Hospital length of stay (LOS).

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

**Decision rationale:** The request as stated is for "length of stay" but does not specify the number of days. Therefore, the request is not medically necessary.