

<b>Case Number:</b>	CM15-0135358		
<b>Date Assigned:</b>	07/23/2015	<b>Date of Injury:</b>	09/08/1995
<b>Decision Date:</b>	08/21/2015	<b>UR Denial Date:</b>	06/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/13/2015

### 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:

This injured worker is a 65-year-old female who sustained an industrial injury on 9/08/95. Injury occurred when she fell off a ladder and hit her head on a cement floor. She subsequently underwent L4-S1 lumbar spine fusion, and C3-7 cervical disc replacement arthroplasty. The 4/2/15 lumbar spine x-rays documented prior fusion of the lumbar spine from L4 to S1 with BAK cages. There was severe collapse of the L3/4 disc space with osteophytes and severe arthritis. Flexion/extension viewed showed persistent movement at the L3/4 disc space. The 5/21/15 lumbar spine MRI impression documented degenerative disc disease at facet arthropathy with post-operative changes at L4/5 and L5/S1, with retrolisthesis at L2/3 and L3/4. At L3/4, there was moderate left and mild right neuroforaminal narrowing and mild canal stenosis. The 6/18/15 treating physician report cited severe on-going back pain radiating into the left buttock and thigh in the L3 nerve root distribution. Imaging showed collapse of the L3/4 disc and facet joint cyst on the left compressing the dural sac and left L3 nerve root. X-rays showed severe narrowing of the L3/4 interspace with kyphosis of the L3/4 segment. He also had a curvature at L3/4 measuring 8.7 degrees. She had increasing back pain radiating down her left leg that had been unresponsive to pain management and therapy. Decompression surgery was recommended to open the nerve root canal due to collapse, with extension of the fusion one level. Authorization was requested for staged surgery including L3/4 XLIF (extreme lateral interbody fusion), followed by L3/4 posterior laminectomy and fusion. Authorization was also requested for a 4-day inpatient length of stay. The 6/22/15 utilization review modified this request to a 3-day length of stay consistent with the Official Disability Guidelines for posterior fusion.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Associated surgical services: Length-of-stay (LOS): Inpatient x4 days:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, Low Back Chapter, Hospital Length of Stay.

**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  $\frac{1}{2}$  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 lateral OR posterior lumbar fusion is 3 days. The mean length of stay for lateral fusion is 3.8 days, and posterior fusion 3.9 days. Records indicate that the request for staged surgery including L3/4 XLIF, followed by L3/4 posterior laminectomy and fusion has been certified. Given that this is a staged lateral and posterior procedure, the request for a 4-day inpatient stay is reasonable and consistent with average length of stay evidence. Therefore, this request is medically necessary.