

<b>Case Number:</b>	CM15-0136543		
<b>Date Assigned:</b>	07/24/2015	<b>Date of Injury:</b>	04/23/2013
<b>Decision Date:</b>	09/01/2015	<b>UR Denial Date:</b>	06/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2015

### 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 63 year old female, who sustained an industrial injury on 4/23/13. She has reported initial complaints of a back injury after vacuuming. The diagnoses have included cervical strain, lumbar sprain, lumbar degenerative disc disease (DDD), and lumbar radiculopathy. Treatment to date has included medications, activity modifications, epidural steroid injection (ESI), pain management and other modalities. Currently, as per the physician progress note dated 6/11/15, the injured worker complains of continued pain in the low back with radiation to the right lower extremity (RLE). The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the lumbar spine dated 4/10/15 reveals lumbar disc desiccation, disc bulge and annular tear and facet arthrosis causing left side foraminal stenosis. The objective findings reveal tenderness to palpation over the low back and positive straight leg raise on the right. The physician requested treatment included associated surgical services: Length of stay, 1-2 days inpatient stay.

### 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, 1-2 days inpatient stay: Overturned**

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

**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 surgical procedure is described as lumbar decompression and microdiscectomy at L5-S1. ODG guidelines indicate median one-day hospital stay for discectomy with the best practice target being outpatient and median 2 days hospital stay for laminectomy with the best practice target of 1 day. The median for a laminectomy is 2 days. The procedure will involve laminectomy. The request as stated is for 1-2 days inpatient stay which is appropriate for a lumbar decompression and microdiscectomy. As such, the medical necessity of the request has been substantiated.