

Case Number:	CM15-0138183		
Date Assigned:	07/28/2015	Date of Injury:	12/05/2014
Decision Date:	08/25/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/16/2015

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 39-year-old male who sustained an industrial injury on 12/5/14. He reported an onset of dull pain down the back of his right leg with prolonged sitting that gradually worsened. The 12/26/14 lumbar spine MRI documented a central disc protrusion at L4/5 with moderate central canal stenosis and bilateral lateral recess narrowing with impingement on the transiting L5 nerves. At L5/S1, there was a right paracentral and right foraminal disc protrusion causing impingement on the transiting S1 nerve root. There was mild right neuroforaminal narrowing at L5/S1. Conservative treatment had included physical therapy, chiropractic, acupuncture, lumbar epidural steroid injection and medications without sustained improvement. The 4/15/15 lumbar spine x-rays documented significant disc space collapse at both the L4/5 and L5/S1 levels. The 4/15/15 spine surgery report cited constant worsening low back pain radiating into the right lower extremity with numbness and tingling in the right foot. Physical exam documented lumbar paravertebral muscle tenderness and pain in the mid to distal lumbar segments on the right that extended down the right leg. Seated nerve root test was positive. There was weakness noted over the L5 and S1 innervated muscles and decreased sensation over the L5 and S1 dermatomes. Deep tendon reflexes were absent on the right. There as weakness in push off and heel/toe walk. Authorization was requested for right L5/S1 and possible L4/5 laminotomy and discectomy and neural decompression and possible laminectomy and associated 2-day inpatient stay. The 6/25/15 utilization review non-certified the request for surgery and associated 2-day inpatient stay as there was no evidence of a neurocompressive lesion at the L4/5 level. The 7/1/15 appeal report indicated that the degree of pathology at L4/5 was almost equal to

that which was noted at L5/S1. Authorization was requested to include the L4/5 level only if it was deemed medically necessary intra-operatively. The 7/22/15 utilization review certified this request for surgery on appeal.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated Service: 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 (ODG), Low Back Chapter - Hospital length of stay (LOS).

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 length of stay of laminectomy is 2 days, with a best practice target date of 1 day. The request for a 2-day length of stay for the requested laminectomy is consistent with guidelines. Therefore, this request is medically necessary.