MAXIMUS Federal Services

Case Number:	CM15-0140357		
Date Assigned:	07/30/2015	Date of Injury:	05/19/2006
Decision Date:	09/02/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/20/2015

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: Texas, New York, California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 67-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of May 19, 2006. In a Utilization Review report dated June 26, 2015, the claims administrator failed to approve a request for a two-day inpatient hospitalization. The claims administrator did issue a partial approval of one of the two days. The claims administrator referenced an RFA form dated April 28, 2015 in its determination. The claims administrator did seemingly frame the request as a request for hospitalization associated with a previously authorized posterior L4-S1 decompression surgery. The applicant's attorney subsequently appealed. On an RFA form dated June 2, 2015, a posterior lumbar decompression at L4-S1 and preoperative labs were sought. On an RFA form dated June 29, 2015, authorization for an associated hospitalization was sought. In an associated operative report dated June 29, 2015, the applicant underwent a posterior lumbar decompression at L4 through S1. By July 5, 2015, the applicant was receiving care through a skilled nursing facility, it was reported. In a preoperative note dated April 28, 2015, it was acknowledged that some of the applicant's comorbidities included peripheral vascular disease status post peripheral artery stenting and dyslipidemia. The applicant was no longer working, it was reported. The applicant was a former smoker, it was suggested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inpatient hospital stay (days) Qty: 2.00: 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.

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 Problems, Hospital length of stay (LOS), Laminectomy (icd 03.09 - Laminectomy/laminotomy for decompression of spinal nerve root).

Decision rationale: Yes, the request for a two-day inpatient stay/two-day hospitalization was medically necessary, medically appropriate, and indicated here. The MTUS does not address the topic of hospital length of stay duration. However, ODG's Low Back Chapter Hospital Length of Stay Guidelines state that the best practices target following a laminectomy surgery is one day, with actual data reflecting a median two-day hospitalization and a mean of 3.5 days hospitalization. Thus, the request for two days of inpatient hospitalization was in-line with ODG's actual data following the laminotomy-decompression surgery which seemingly transpired here. The claimant did have individual specific risk factors, including peripheral artery disease, dyslipidemia, age (67), etc., which did compel the two-day hospitalization in question. The claimant, furthermore, did apparently experience a slower-than-expected recovery and was still receiving care via a skilled nursing facility (SNF) on July 5, 2015, it was reported above. All of the foregoing, taken together, did make a compelling case for the two-day inpatient stay in question. Therefore, the request was medically necessary.