

Case Number:	CM15-0147239		
Date Assigned:	08/10/2015	Date of Injury:	12/02/2011
Decision Date:	09/04/2015	UR Denial Date:	07/27/2015
Priority:	Standard	Application Received:	07/29/2015

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 57-year-old female who sustained an industrial injury on 12/2/11. Injury occurred while she was pushing a 200-pound medication cart that hit a dip in the sidewalk and tipped to one side. She grabbed and held onto the cart to keep it from falling. She experienced a pop in the knee with gradual onset of knee, low back and hip pain. The 10/3/14 lumbar spine MRI impression documented L3/4 disc desiccation, mild diffuse disc bulge, and mild facet hypertrophy, with minimal central canal and bilateral neuroforaminal narrowing. At L4/5, there was disc desiccation, mild diffuse disc bulge, and prominent bilateral facet hypertrophy with mild to moderate canal and moderate bilateral neuroforaminal narrowing. At L5/S1, there was disc desiccation, minimal disc height loss, minimal disc bulge, and degenerative changes asymmetric to the right, with no significant central canal narrowing. The 7/1/15 treating physician report cited low back pain with numbness in the right leg extending to her toes and occasionally into the left leg. She denied radicular leg pain. She had significant functional difficulty in activities of daily living. She complained of gait and balance disturbances, but denied falls. Physical exam documented no pain with flexion/extension, normal motor strength, ability to toe/heel stand, ability to perform tandem gait, and no sensory deficit. There were decreased bilateral patellar reflexes and normal Achilles reflexes. The diagnosis was L4/5 spondylolisthesis, L3/4 facet effusion, and L3-S1 degenerative disc disease. The treatment plan recommended L4/5 transforaminal lumbar interbody fusion and L3-L5 posterior spinal fusion. Authorization was also requested for a 5 day inpatient length of stay. The 7/27/15 utilization review certified the request for L4/5 transforaminal lumbar interbody fusion and L3-L5 posterior spinal fusion. The request for 5-day inpatient length of stay was modified to 3 days consistent with guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated Surgical Service: Inpatient Length of stay 5 days: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 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 - 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 anterior, posterior, or lateral lumbar fusion is 3 days. The 7/27/15 utilization review modified the request for 5 days length of stay, certifying 3 days. There is no compelling reason to support the medical necessity beyond guideline recommendations and the 3 day hospital stay previously certified. Therefore, this request is not medically necessary.