

<b>Case Number:</b>	CM15-0161759		
<b>Date Assigned:</b>	08/27/2015	<b>Date of Injury:</b>	04/23/2007
<b>Decision Date:</b>	10/09/2015	<b>UR Denial Date:</b>	08/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/17/2015

### 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: North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 50 year old male who sustained a work related injury April 23, 2007. According to a hospital physician's history and physical, dated July 25, 2015, the injured worker has a history of chronic low back pain secondary to lumbar stenosis with neurogenic claudication and multilevel lumbar degenerative disk disease, related to a work injury in 1996 and another in April 2007 with failed conservative treatment. On July 21, 2015, he underwent right L2-L3, L3- L4, L4-L5, and L5-S1 hemi-laminectomies with contralateral laminoplasties; bilateral L2-L3, L3-L4, L4-L5, L5-S1 foraminotomies and decompression of the thecal sac and bilateral L3, L4, L5, and S1 nerve roots; and repair of left L3-L4, L4-L5, dural tear. He was admitted for acute inpatient rehabilitation versus lower level of care to monitor for any post-surgical complications, assess pain level, skin, bowel and bladder function, physical therapy, and occupational therapy. Physical examination revealed full strength in the bilateral upper extremities; bilateral lower extremities revealed 3 out of 5 motor strength, with pain limitations. He has decreased strength to light touch in the right lower extremity involving the foot and impaired proprioception involving the right big toe. Norco was discontinued due to daytime sedation and hallucinations. Flexeril dosage adjusted for post-operative pain, Flomax started for urinary retention with bladder scan to monitor post void residual volume, and advanced directives discussed. Diagnoses are lumbar spinal stenosis; neurogenic claudication; multilevel lumbar degenerative disc disease; inadvertent left L3-L4 and L4-L5 durotomies; incomplete paraplegia; acute post-operative pain; acute anemia. At issue, is the request for authorization for extended coverage for the rehabilitation program.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Extended coverage for rehabilitation program:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) TWC Guidelines for Low Back Lumbar & Thoracic (Acute and Chronic) last updated on 07/17/2015.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) LOS, laminectomy.

**Decision rationale:** The ODG states that post-surgery LOS for laminectomy is a maximum mean of 3.5 days for uncomplicated procedure. The documentation however shows the patient to not be progressing with ambulation difficulty, urinary retention and sedation. However, the request does not specify an amount of time for extension of stay and therefore is not medically necessary.