

Case Number:	CM15-0164432		
Date Assigned:	09/01/2015	Date of Injury:	10/06/2012
Decision Date:	10/07/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	08/21/2015

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 45-year-old male who sustained an industrial injury on 10/6/12. Injury occurred when he was moving at a fast pace, and repetitively dumping kiwis. He twisted quickly when doing these activities causing a low back injury. Past medical history was reported positive for diabetes. He underwent bilateral L4/5 hemilaminectomy and left sided L5/S1 hemilaminectomy on 1/7/15 without significant improvement. Conservative treatment included physical therapy, medication, and activity modification. The 7/7/15 lumbar spine MRI impression documented slight worsening of degenerative disc disease at the L5/S1 with moderate disc height loss without evidence of spinal stenosis and mild left sided neuroforaminal encroachment secondary to facet joint changes. At L4/5, there was moderate to severe spinal stenosis secondary to ligamentum flavum enlargement as well as facet hypertrophic changes and a broad-based disc bulge reducing AP dimension of the foraminal stenosis by approximately 12 mm. The 7/24/15 treating physician report cited severe low back pain with bilateral lower extremity radiculopathy, worse on the left with associated numbness and weakness. Physical exam documented positive bilateral straight leg raise, diminished left L5 dermatomal sensation, global 4/5 left lower extremity weakness, and antalgic gait. Imaging showed recurrent stenosis at L4/5 with disc degeneration and facet arthropathy at L5/S1. Authorization was requested for anterior lumbar interbody fusion and posterior spinal fusion with instrumentation at L4/5 and L5/S1 with pre-operative testing and a five day inpatient hospital stay. Records indicated that this would be a staged procedure over several days. The 8/12/15 utilization review certified the request for anterior lumbar interbody fusion and posterior spinal fusion with instrumentation at

L4/5 and L5/S1 and pre-operative testing. The request for a 5-day inpatient stay was modified to a 3-day inpatient stay consistent with the Official Disability Guidelines for a 3-day length of stay for anterior or posterior spinal fusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: 5 days inpatient hospital 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, 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 and best practice target for an anterior or posterior lumbar fusion is 3 days. This request is for a staged anterior and posterior lumbar fusion over several days. Given the need for two procedures, a 5 day inpatient stay is consistent with guidelines. Therefore, this request is medically necessary.