MAXIMUS Federal Services

Case Number:	CM15-0166551		
Date Assigned:	09/04/2015	Date of Injury:	07/13/2010
Decision Date:	10/07/2015	UR Denial Date:	07/24/2015
Priority:	Standard	Application Received:	08/25/2015

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: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 an industrial injury on 7-13-2010. He reported that a vase slipped out of his hand and jerked his body back. The injured worker was diagnosed as having status post L5-S1 hemilaminectomy-discectomy right side, history of right sided disc herniation, persistent right calf weakness, and status post recurrent disc herniation, right side with recurrent S1 radiculopathy. Treatment to date has included diagnostics, medications, physical therapy, and lumbar spinal surgery. Currently, the injured worker complains of pain in his low back, right buttock, and down his right leg. Magnetic resonance imaging of the lumbar spine was documented as showing a recurrent disc herniation with obliteration of the lateral recess at right L5-S1. Comorbid conditions were not documented. The treatment plan included a laminectomy-discectomy L5-S1, with associated inpatient stay of 1-2 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: 1-2 days: 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 - Lumbar & Thoracic Chapter.

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 (Acute & Chronic) Chapter, under Hospital Length of Stay (LOS).

Decision rationale: The patient presents with pain in the low back, right buttock, down the right leg. The request is for ASSOCIATED SURGICAL SERVICE: 1-2 DAYS. Patient is status post lumbar spine surgery, date unspecified. Physical examination to the lumbar spine on 07/15/15 revealed hypoesthesia in S1 distribution. Straight leg raising test on right was positive at 40 degrees. Range of motion was noted to be limited. Patient's treatments have included surgeries, image studies, trigger point injections, medication, and physical therapy. Per 06/10/15 progress report, patient's diagnosis include status post L5-S1 hemilaminectomy discectomy right side, history of right sided disc herniation, and persistent right-sided calf weakness. Patient's medications, per Request For Authorization form dated 07/24/15 include Naproxen and Norco. Per 07/15/15 progress report, patient is to remain off work until next office visit. ODG Guidelines, Low Back-Lumbar & Thoracic (Acute & Chronic) Chapter, under Hospital Length of Stay (LOS) states: "Recommend the median length of stay (LOS) based on type of surgery, or best practice target LOS for cases with no complications. For prospective management of cases, median is a better choice that mean (or average) because it represents the mid-point, at which half of the cases are less, and half are more. For retrospective benchmarking of a series of cases, mean may be a better choice because of the effect of outliers on the average length of stay. Length of stay is the number of nights the patient remained in the hospital for that stay, and a patient admitted and discharged on the same day would have a length of stay of zero. The total number of days is typically measured in multiples of a 24-hour day that a patient occupies a hospital bed, so a 23-hour admission would have a length of stay of zero. (HCUP, 2011) Of recent lumbar discectomy cases, 62% underwent an inpatient hospital stay after surgery, whereas 38% had outpatient surgery, and outpatients had lower overall complication rates than those treated as inpatients (Pugely, 2013)." ODG hospital length of stay (LOS) guidelines: Discectomy (icd 80.51-Excision of intervertebral disc) Actual data, median 1 day; mean 2.1 days (0.0). Best practice target (no complications), Outpatient Laminectomy (icd 03.09-Laminectomy/laminotomy for decompression of spinal nerve root) Actual data, median 2 days; mean 3.5 days (0.1). Best practice target (no complications) 1 day. In progress report dated 07/15/15, the treater states that the patient requires surgical intervention in the form of redo hemilaminectomy and discectomy at L5-S1 on the right side. Per utilization review letter dated 04/24/15, patient is approved for laminectomy/discectomy L5-S1 surgery. In regards to the current request, ODG guidelines recommend 2.1 day inpatient service for laminectomy/ discectomy procedures. The request appears to be reasonable and in accordance with guideline recommendations and therefore, is medically necessary.