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| <b>Case Number:</b>   | CM15-0185022 |                              |            |
| <b>Date Assigned:</b> | 09/25/2015   | <b>Date of Injury:</b>       | 03/11/2014 |
| <b>Decision Date:</b> | 10/30/2015   | <b>UR Denial Date:</b>       | 08/27/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/21/2015 |

### 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 39-year-old male who sustained an industrial injury on 3/11/14. Injury occurred when he was re-racking weights and the 45-pound weight he was handling skipped off the weight tree, and something in his lower back popped with onset of severe low back and left leg pain. The 4/4/14 lumbar spine MRI impression documented a left paracentral disc protrusion at L5/S1 with mild mass effect on the thecal sac and left S1 nerve root and severe bilateral L5 neuroforaminal stenosis. The injured worker underwent a left hemilaminectomy with microdiscectomy at L5/S1 on 8/25/14. The 6/30/15 treating physician report cited on-going low back pain radiating to the left lower extremity with numbness and tingling. He reported left foot drop that caused him to limp and made ambulation difficult. He walked with a cane. Neurologic exam documented decreased left S1 dermatome sensation, and 4/5 left tibialis anterior, extensor hallucis longus, and peroneal weakness. The injured worker had a moderate to large recurrent disc herniation at L5/S1. Surgery was recommended to include discectomy and fusion at L5/S1. The injured worker underwent L5/S1 repeat discectomy and transforaminal lumbar interbody fusion on 8/11/15. He had significant post-operative pain and was unable to be weaned off parenteral medication until 8/15/15. The hospital records indicated that the patient continued to receive intravenous antibiotics (Cefazolin) and anti-emetics (Ondansetron) through 8/17/15, although it was documented that he was also tolerating oral medications (acetaminophen, diazepam, temazepam, and oxycodone-acetaminophen). The 8/19/15 treating physician report indicated that the injured worker had significant pain after undergoing lumbar surgery. He was ambulating with a walker and using a lumbar support brace. He reported that he needed more

medication for additional pain coverage. Neurologic exam documented normal and significant left extensor hallucis longus, tibialis anterior, and peroneal weakness. Incisions were healing well with no signs of infection. Additional pain medication was prescribed. Authorization was requested for 3 days inpatient hospital stay from 8/14/15 to 8/17/15. The 8/27/15 utilization review modified the request for 3 days hospital stay from 8/14/15 to 8/17/15 and allowed one additional day on 8/15/15 with total hospital stay certified from 8/11/15 to 8/15/15 based on the medical records indicating that he was unable to be weaned off parental pain medication until 8/15/15.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Additional 3 days inpatient hospital stay 8/14/15 - 8/17/15: Upheld**

**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.

**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. For retrospective cases, the mean may be a better choice because of the effect of outliers on the average length of stay. The recommended median and best practice target for lateral lumbar fusion is 3 days. The mean length of stay is 3.8 days. Guideline criteria have been met. This injured worker underwent transforaminal lumbar interbody fusion and repeat discectomy at L5/S1 on 8/11/15. He was approved for a 3-day length of stay. Records documented the injured worker had significant post-operative pain and required parenteral pain medications until 8/15/15. The 8/27/15 utilization review modified this request for additional inpatient stay and approved one additional day from 8/14/15 to 8/15/15. There is evidence of continued parenteral antibiotic and antiemetic medication through 8/17/15. However, there is no evidence in the medical records that the injured worker was unable to tolerate these medications in oral form given that he was tolerating other oral medications. There is no rationale provided to support the medical necessity of this inpatient stay beyond the current certification and guideline recommendations. Therefore, this request is not medically necessary.