

Case Number:	CM15-0191118		
Date Assigned:	10/05/2015	Date of Injury:	10/28/1993
Decision Date:	11/13/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	09/29/2015

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: California, Oregon, Washington
 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 is a 50-year-old male with a date of industrial injury 10-28-1993. The medical records indicated the injured worker (IW) was treated cauda equina syndrome and failed back syndrome. In the rehab notes (8-28-15), the IW reported severe pain which prompted continuing the patient controlled analgesia pump an extra day. The notes indicated frequent physician visits were required for complications of urinary retention and incontinence related to the injury to the spinal cord and for the purple, mottled discoloration of the IW's left lower extremity. Functional assessment notes on 8-30-15 stated the IW was having issues with increased pain and with ambulation; he was dragging the left foot and hopping on the right, which increased his risk of falling. Left lower extremity strength was 2 out of 5. Treatments included medications (gabapentin, Norco and Dilaudid) physical therapy, occupational therapy and spinal surgery (8-27-15). A Request for Authorization was received for retrospective inpatient stay, five days. The Utilization Review on 9-16-15 modified the request for retrospective inpatient stay, five days.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro: Length of Stay, inpatient stay x5 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, 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 section, and Hospital length of stay.

Decision rationale: CA MTUS/ACOEM is silent on the issue of hospital length of stay following a lumbar fusion. According to the ODG, Low back section, hospital length of stay, a 3 day inpatient stay is recommended following a posterior lumbar fusion. Therefore, the request for 5 day exceeds guideline recommendations and is not medically necessary and appropriate.