

Case Number:	CM15-0193103		
Date Assigned:	10/07/2015	Date of Injury:	07/23/2004
Decision Date:	11/16/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	10/01/2015

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:

The injured worker is a 59-year-old male who sustained an industrial injury on 7-23-2004. Diagnoses have included chronic neck pain, lumbar disc displacement without myelopathy, and degeneration of lumbar-lumbosacral disc. The injured worker has been presenting with chronic low back pain, stated 8-5-2015 as secondary to degenerative lumbar disc disease and displacement as well as facet syndrome. Pain was radiating down his left lower extremity and rated between 4 and 8 out of 10. Documented treatment includes medication, physical therapy, and use of brace. The injured worker has been approved for L2-L3 laminotomy discectomy and decompression with neuro-monitoring including related services. A request was also made for a 4-day inpatient stay, but this was modified to a 2-day stay on 9-4-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 day inpatient stay: 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 (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 section, Hospital length of stay.

Decision rationale: CA MTUS/ACOEM is silent on the issue of hospital length of stay following a lumbar laminotomy. According to the ODG, Low back section, Hospital length of stay, a 2-day inpatient stay is median length of time with 1 day as best practice. As a request is for 4 days the determination is for non-certification as not medically necessary nor appropriate.