

Case Number:	CM15-0195902		
Date Assigned:	10/09/2015	Date of Injury:	11/17/2002
Decision Date:	11/19/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/06/2015

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 68-year-old male who sustained an industrial injury on 11/17/02. Injury occurred while breaking up an altercation between two teenage inmates in his position as a group counselor. Past medical history was not documented in the available records. Recent conservative treatment had included medications, activity modification, and left L3/4 epidural steroid injection. The 9/16/15 treating physician report cited continued low back pain radiating into the left lower extremity down to the anterior aspect of the foot. Pain ranged from 3/10 to 8/10. Physical exam documented moderate right limp and a 10-degree forward flexed posture with a slight concavity to the right. There was pain with lumbar extension and rotation to the left. Imaging showed severe bilateral neuroforaminal and lateral recess narrowing and severe spinal stenosis at L4/5 combined with a 4 mm disc bulge and posterior spurring. At L3/4, there was moderate left neuroforaminal narrowing with ligamentum flavum thickening and 2-3 mm circumferential disc osteophyte complex with facet joint hypertrophy. There was electrodiagnostic evidence of left L3/4 radiculopathy. Prior epidural steroid injection on the left at L3/4 provided 6 weeks of symptom relief, but symptoms were now recurring. Authorization was requested for lumbar decompression at L3/4 and L4/5 with inpatient hospital stay of 3-4 days at the request of the surgeon. The 10/2/15 utilization review certified a request for L3/4 and L4/5 decompression. The request for a 4-day hospital length of stay was modified to a 3-day hospital length of stay.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated Surgical Service: Hospital length of stay, 4 days: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Surgical Considerations.

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 length of stay for lumbar laminectomy is 2 days and best practice target is 1 day. The 10/2/15 utilization review modified this request for 3 to 4 day inpatient length of stay to 3 days. There is no compelling rationale presented, or documented significant co-morbidities, to support the medical necessity of an inpatient stay beyond the current certification or as an exception to guidelines. Therefore, this request is not medically necessary.