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| <b>Case Number:</b>   | CM15-0200566 |                              |            |
| <b>Date Assigned:</b> | 10/15/2015   | <b>Date of Injury:</b>       | 10/25/2013 |
| <b>Decision Date:</b> | 12/02/2015   | <b>UR Denial Date:</b>       | 09/22/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/13/2015 |

### 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: Minnesota, Florida  
 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 63 year old male, who sustained an industrial injury on 10-25-13. The injured worker was diagnosed as having L4-L5 severe stenosis with neurogenic claudication. Subjective findings (4-2-15, 6-26-15, and 8-4-15) indicated 4-5 out of 10 pain in the lower back. The injured worker is not currently working. Objective findings (4-2-15, 6-26-15, and 8-4-15) revealed decreased lumbar range of motion and decreased sensation in the L5-S1 nerve distribution on the left side. As of the PR2 dated 8-31-15, the injured worker reports low back and bilateral leg pain. Objective findings include diffuse paraspinal tenderness, decreased sensation along the dorsal feet and lateral calves and a positive straight leg raise test bilaterally at 45 degrees. The treating physician recommended an L4-L5 laminectomy and decompression. Treatment to date has included physical therapy, acupuncture, a TENS unit, Tramadol and Kera-Tek gel. The Utilization Review dated 9-22-15, modified the request for a 3 day inpatient length of stay to a 2 day inpatient 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: 3 day inpatient length of stay: 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) Section: Low back, Topic: Hospital length of stay.

**Decision rationale:** With regard to the hospital length of stay, ODG guidelines indicate the best practice target with no complications for a lumbar laminectomy for decompression is 1 day. The request as stated is for 2 days hospital length of stay which is not supported and as such, the medical necessity of the request is not medically necessary.