

Case Number:	CM15-0205450		
Date Assigned:	10/22/2015	Date of Injury:	03/18/2014
Decision Date:	12/03/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	10/19/2015

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 35-year-old female who sustained an industrial injury on 3/18/14. Injury occurred while she was stocking the cooler and lifted a heavy box with onset of low back pain radiating down the left leg to the foot. Past medical history was positive for diabetes and asthma. Social history was positive for smoking 1-2 cigarettes a day. The 9/2/15 lumbar spine MRI impression documented chronic degenerative changes at L3/4, L4/5 and L5/S1 with a small focal posterior disc extrusion at L4/5 abutting the bilateral descending L5 nerve roots and annular tears at all three levels. The 9/24/15 treating physician report cited grade 7-9/10 low back pain, with pain and numbness radiating into the left buttocks and down the left posterior thigh through the calf into the plantar aspect of the foot. Physical exam documented left sacroiliac joint tenderness, decreased sensation over the left L5 and S1 dermatomal distributions, left 4/5 extensor hallucis longus strength, trace left knee extension strength, trace patellar and Achilles deep tendon reflexes bilaterally, and positive straight leg raise test on the left. The injured worker had failed medication management, physical therapy, chiropractic, acupuncture, and 2 epidural steroid injections. She had on-going left leg radiculopathy and central low back pain with imaging evidence of L4/5 stenosis. Authorization was requested for left L4/5 laminectomy and foraminotomy with an associated 2-day inpatient stay. The 10/5/15 utilization review certified the request for left L4/5 laminectomy and foraminotomy. The request for a 2-day inpatient stay was modified to a 1-day inpatient stay based on the Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated Surgical Services; 2 Days Inpatient Stay: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC 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 inpatient hospital stays based on the median length of stay (LOS) for the specific 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. This request for a 2-day inpatient stay is consistent with the median length of stay guidelines. Therefore, this request is medically necessary.