

Case Number:	CM15-0205780		
Date Assigned:	10/22/2015	Date of Injury:	02/24/2006
Decision Date:	12/03/2015	UR Denial Date:	10/09/2015
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 62-year-old male who sustained an industrial injury on 2/24/06. The mechanism of injury was not documented. He underwent right total knee arthroplasty on 3/30/15. Records documented persistent low back and right leg pain. The 8/24/15 spine surgery report cited severe leg pain with pins and needles. X-rays documented a moderate number of bone spurs and evidence of DISH syndrome throughout some of his thoracic spine. He had pretty significant scoliosis with degenerative spondylolisthesis at L3/4 and L4/5. A new MRI was recommended. The 9/21/15 lumbar spine MRI impression documented mild wedge deformity T11 and T12, presumed chronic. There was broad based central and left-sided disc protrusion at L3/4 with extruded fragment directed rostrally and to the left of approximately 11 mm length. There was significant L3/4 central stenosis and left lateral recess stenosis, and hypertrophic facet and ligamentum flavum changes. There was hypertrophic facet arthrosis at L4/5 with slight spondylolisthesis, mild to moderate central stenosis, and moderate to moderately severe foraminal narrowing, especially on the right. There was hypertrophic and erosive facet arthrosis at L5/S1, minimal central stenosis, mild right foraminal narrowing, and moderately severe left foraminal narrowing. The 9/28/15 spine surgery report indicated that the injured worker had an extruded disc at L3/4 with fairly significant spinal stenosis and marked facet arthritis. The treatment plan recommended an extreme lateral interbody fusion (XLIF) L2/3, L3/4 and L4/5 with a posterior lumbar interbody fusion (PLIF) at the L5 level and posterior fusion and laminectomy from L3 to the sacrum. Authorization was requested for lumbar laminectomy L3-S1, spinal fusion internal fixation L3-S1, extreme lateral interbody fusion and insertion of

biomechanical device L3/4 and L4/5 with an assistant surgeon and 4 to 5-day inpatient stay. The 10/9/15 utilization review certified the request for lumbar spine surgery and assistant surgeon. The request for 4 to 5-day length of stay was modified to a 3-day inpatient stay consistent with 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 Service: Inpatient stay x4-5 days: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Hospital Length of Stay Guidelines.

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 and best practice target for anterior, posterior, or lateral lumbar fusion is 3 days. The 10/9/15 utilization review modified this request to a 3-day length of stay consistent with guidelines. There is no compelling rationale presented to support the medical necessity of this request as an exception to guidelines. Therefore, this request is not medically necessary.