

Case Number:	CM15-0208973		
Date Assigned:	10/27/2015	Date of Injury:	03/31/2010
Decision Date:	12/16/2015	UR Denial Date:	10/19/2015
Priority:	Standard	Application Received:	10/23/2015

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 44 year old male who sustained an industrial injury on 3-31-10. He is working full time on light duty. His current (10-6-15) symptoms have persisted and advanced form the 7-25-15 visit where he complained of low back pain, stiffness and right buttock pain. On examination (10-6-15), there was a positive straight leg raise on the right, weakness of the right extensor hallucis longus. Diagnostics include lumbar myelogram and post myelogram computed tomography (8-24-15) showing an anterior extradural defect at L4-5 extensor to the right consistent with his symptoms; MRI of the lumbar spine (1-23-15) showing central disc extrusion; electrodiagnostic study (9-21-15) normal. In the progress note dated 10-6-15 the treating provider's plan of care included a request for operative intervention given his symptoms and the anterior extradural defect that is felt to be pathologic when correlated with the symptoms. Treatments to date include acupuncture times 6 visits, invasive pain management including radiofrequency rhizotomies (last one 5 -2015) and the pain has been refractory to these treatments; medication: Aleve. The request for authorization dated 10-12-15 was for associated surgical services: inpatient hospital stay times 3 days. On 10-19-15 Utilization Review non-certified the request for associated surgical services: inpatient hospital stay times 3 days modified to 1 day.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated Surgical Service: Inpatient Hospital Stay x3 days: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines, Low Back chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Low back, Topic: Hospital length of stay.

Decision rationale: The injured worker is a 44-year-old male with a date of injury of 3/31/2010. He has been certified for a lumbar discectomy. The current request pertains to an in-patient hospital stay of 3 days. ODG guidelines indicate the best practice target for a lumbar discectomy is outpatient. The injured worker has been approved for in-patient hospital stay of 1 day. The request for 3 days exceeds the guideline recommendations and as such, the medical necessity of the request has not been substantiated. The request is not medically necessary.