

<b>Case Number:</b>	CM15-0025244		
<b>Date Assigned:</b>	02/17/2015	<b>Date of Injury:</b>	02/29/2008
<b>Decision Date:</b>	04/09/2015	<b>UR Denial Date:</b>	02/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2015

### 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: California  
 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 51-year-old male with an industrial injury dated 02/29/2008. His diagnoses include status post right L4-L5 microdiscectomy, decompression and foraminotomy, lumbar strain/sprain, and L5-S1 radiculopathy. Recent diagnostic testing has included a MRI of the lumbar spine (12/11/2014) showing a 8mm L4-L5 paracentral disc herniation with narrowing of the lateral recess, and electrodiagnostic and nerve conduction studies (09/16/2013) showing L5-S1 radiculopathy. Previous treatments have included conservative care, medications, physiotherapy, psychiatric therapy, chiropractic therapy, acupuncture, L4-L5 microdiscectomy with decompression and foraminotomy (04/29/2014), and right L4-L5 epidural steroid injection (02/27/2014). In a progress note dated 01/07/2015, the treating physician reports continued symptomatic low back pain with radiating pain into the bilateral lower extremities. The pain was described as burning shooting pain and was noted to decrease the injured worker's ability to ambulate. The objective examination revealed an antalgic gait, moderate bilateral lumbar paraspinous tenderness with +2 palpable muscle spasms, and positive straight leg raises bilaterally. The treating physician is requesting LOS (length of stay) 2-3 days and 18 sessions of post-operative aquatic therapy, which were modified by the utilization review. On 02/03/2015, Utilization Review modified a request for LOS (length of stay) 2-3 days to the approval of 2 days, noting that for a laminectomy/laminotomy for decompression the guidelines allow a median of 2 days (1 day without complications). The ODG Guidelines were cited. On 02/03/2015, Utilization Review modified a request for post-operative aquatic therapy 3 times per week for 6 weeks (18 sessions) to the approval of 9 sessions of post-operative aquatic therapy,

noting that the guidelines allow for one half of the total number of allowed session during the initial course of treatment. The MTUS and ODG Guidelines were cited. On 02/10/2015, the injured worker submitted an application for IMR for review of LOS (length of stay) 2-3 days and post-operative aquatic therapy 3 times per week for 6 weeks.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **LOS 2 - 3 days: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 13th Edition (web), 2015, Low Back, 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, low back, length of stay.

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of hospital length of stay following a lumbar laminotomy. According to the ODG, Low back section, Hospital length of stay, a 2-day inpatient stay is median length of time with 1 day as best practice. As a request is for 2-3 days, the determination is for certification not medically necessary and appropriate.

#### **Post-op aquatic therapy 3 x 6: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Page(s): 22.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** Per the CA MTUS/Post Surgical Treatment Guidelines, pages 25-26 recommend the following: Intervertebral disc disorders without myelopathy (ICD9 722.1; 722.2; 722.5:722.6; 722.8): Postsurgical treatment (discectomy/laminectomy): 16 visits over 8 week's. Postsurgical physical medicine treatment period: 6 months. In this case the request of 18 exceeds the recommended 1/2, or 8 visits initially authorized. Therefore, the determination is for non-certification.