

<b>Case Number:</b>	CM15-0026502		
<b>Date Assigned:</b>	02/18/2015	<b>Date of Injury:</b>	10/08/2013
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	01/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/11/2015

### 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:

The injured worker is a 44-year-old male who sustained an industrial injury on 10/08/13. Injury occurred relative to a five foot fall from scaffolding. Past medical history was positive for hypertension and diabetes. He underwent an internal medicine pre-operative clearance. A L5-S1 microdiscectomy was performed on 10/02/14. Records indicated that he was admitted to the hospital for post-operative pain management and discharged on 10/5/14. The intraoperative and post-operative course was unremarkable. He was admitted to the recovery room and then transferred to the floor in stable condition. He was evaluated for pain management and prescribed Norco10/325 two tablets every 4 hours and Dilaudid 1 mg IV every 1.2 hours as needed for breakthrough pain. A progress note from the treating provider dated 10/05/2014 indicated at the time of discharge he was ambulating with a walker, was able to urinate, and had a bowel movement and was taking Norco five to six tablets a day. According to the notes, he had significant improvement in his leg pain since surgery and mild back discomfort. The request in review is for a 4 day hospital stay instead of the usual 2 days. On 01/12/2015 Utilization Review non-certified a request for a Hospital stay; 4 days. The ODG were cited. On 01/12/2015 Utilization Review non-certified a request for a Hospital stay; 4 days. The ODG were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hospital stay; 4 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), Low Back, Lumbar & Thoracic (Acute & Chronic), Hospital Length

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back ? Lumbar & Thoracic: Hospital length of stay (LOS)

**Decision rationale:** The California MTUS does not provide recommendations for hospital length of stay. 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 discectomy is out-patient, with a median length of stay of 1 day. Guideline criteria have not been met for inpatient length of stay of 4 days following microdiscectomy, and in the absence of complications. There is no detailed documentation and or compelling reason in the provided medical records to support the need of this hospitalization. Therefore, this request is not medically necessary.