

Case Number:	CM15-0027243		
Date Assigned:	02/19/2015	Date of Injury:	12/21/2011
Decision Date:	04/21/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/12/2015

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: Oregon, California

Certification(s)/Specialty: Neurological 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 24-year-old male who reported an injury on 12/21/2011. The injured worker reportedly suffered a low back strain while moving stacks of tile. The current diagnoses include lumbar muscle spasm, lumbar disc protrusion, lumbar radiculopathy, lumbar stenosis, insomnia, and psych component. The injured worker presented on 06/18/2014 for a follow-up evaluation with complaints of moderate low back pain, stiffness and radiating symptoms in the left lower extremity. The injured worker also reported insomnia, depression, anxiety, and irritability. Upon examination, there was painful range of motion of the lumbar spine, 3+ tenderness to palpation, palpable muscle spasm, positive Kemp's sign and positive straight leg raise. Recommendations at that time included a lumbar epidural steroid injection and consideration for a microdiscectomy at L5-S1. There was no request for authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Related to surgery: Two day inpatient stay: 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 Chapter, Hospital Length of Stay Section.

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 Chapter, Hospital Length of Stay (LOS).

Decision rationale: The Official Disability Guidelines state the median length of stay following a lumbar discectomy includes 1 day. The current request for a 2-day inpatient stay would exceed guideline recommendations. There were no exceptional factors noted. Given the above, the request is not medically necessary.