

Case Number:	CM15-0032252		
Date Assigned:	02/25/2015	Date of Injury:	11/29/2013
Decision Date:	04/09/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/20/2015

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: Florida

Certification(s)/Specialty: Family Practice

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 61 year old male who sustained an industrial injury on 11/29/13. He reported continuous pain in the neck, bilateral shoulders, and lower back. Treatments to date include physical therapy, medications, TENS unit, and ESIs. Diagnose included cervical spondylitis at C3-C7, bilateral upper extremity and left lower extremity radiculopathy, instability at L4-5, spondylolisthesis at L4-5 with instability, anxiety, depression, stress, insomnia, and herniated nucleus pulposus at C6-C7 with foraminal stenosis as well as disc height collapse at C3-4 with foraminal stenosis. On 11/06/14 he underwent L4-L5 spinal decompression and fusion. The request is retrospective request for a 4 day inpatient stay associated with this surgery. On 01/30/15 Utilization Review non-certified that additional inpatient day, citing ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for 1 day (4th day) inpatient stay: Overturned

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, Hospital length of stay (LOS).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back, Hospital length of stay. (Updated 11/21/2014).

Decision rationale: MTUS guidelines are silent regarding this disputed service, and therefore ODG guidelines were referenced. The ODG recommends a 3 day hospital stay status post lumbar fusion, assuming no complications. Utilization review denied the request for authorization of the 4th hospital day stating that no reason for why a 4th hospital stay day was necessary was provided. The discharge summary does mention that "significant complications during the hospital stay included significant postoperative pain and spasm." This patient was kept for an additional day in order to achieve appropriate pain control. The patient had a significant neurosurgical procedure performed, and one additional day of hospitalization in order to optimize pain control in this case appears to have been reasonable and medically necessary.