

<b>Case Number:</b>	CM15-0042082		
<b>Date Assigned:</b>	03/12/2015	<b>Date of Injury:</b>	03/16/1998
<b>Decision Date:</b>	04/22/2015	<b>UR Denial Date:</b>	02/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/05/2015

### 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: Physical Medicine & Rehabilitation

### 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 67 year old male, who sustained an industrial injury on 3/16/1998. He has reported a slip and fall. He is status post C3-7 cervical fusion and L5-S1 lumbar fusion as well as six prior lumbar surgeries. The diagnoses have included cervical pain, degenerative disc disease with radiculitis, post laminectomy syndrome, lumbosacral neuritis, and facet joint syndrome, severe lumbar stenosis above level of fusion, with acute worsening neurological symptoms in left upper and left lower extremities. Treatment to date has included epidural spinal injections, massage therapy, and psychiatric treatments. Currently, the IW complains of neck, low back, and bilateral hip pain, left greater than right. The physical examination from 2/3/15 documented limited Range of Motion (ROM) in cervical spine with decreased sensation noted C7-8 dermatome and decreased sensation in lower extremities noted L4-S1 dermatomes. The plan of care included surgical revision with inpatient hospital care post surgery due to the potential difficulty controlling pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Length of stay (no specific number of days specified):** 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 of stay (LOS).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Low Back Chapter, Hospital Length of stay LOS.

**Decision rationale:** The most recent report provided is by [REDACTED], dated 02/03/15, and states that the patient presents with Lumbar pain with scheduled revision for lumbar surgery by [REDACTED] on 02/23/15. The patient's listed diagnoses include post-laminectomy syndrome lumbar spine. The current request is for LENGTH OF STAY NO SPECIFIC NUMBER OF DAYS SPECIFIED. The RFA is not included; however, the 02/25/15 utilization review states the RFA is dated 02/25/15. As of 02/19/15, the patient is noted as unable to work for an amount of time that is illegible. ACOEM and the MTUS do not specifically discuss the currently requested length of stay. ODG, Low Back Chapter, Hospital Length of stay LOS, recommends LOS based on type of surgery and for Laminectomy/laminotomy for decompression of spinal nerve root provides actual date of median 2 days, Mean 3.5 days, and Best practice target with no complications of 1 day. Guidelines vary depending of type of lumbar fusion i.e. posterior, anterior or lateral. Several progress reports provided are handwritten and mostly illegible. The reports provided for review do not specifically discuss this request. Presumably, it is for scheduled surgery. The 11/28/14 report by [REDACTED]. recommends a re-do L3-L4 with extended fusion and provides an impression of recurrent lumbar stenosis. In this case, the reports provided are vague regarding the exact type of lumbar fusion. Furthermore, the request as presented above is indeterminate. Lacking a clear statement of the current request, the request IS NOT medically necessary.