

Case Number:	CM15-0057913		
Date Assigned:	05/18/2015	Date of Injury:	12/11/2009
Decision Date:	06/17/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	03/26/2015

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, Indiana, Oregon
 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 63 year old female, who sustained an industrial injury on December 11, 2009. She reported a back injury. The injured worker was diagnosed as having lumbar stenosis. Diagnostic studies to date have included an MRI, x-rays, urine drug screening, and electromyography/nerve conduction studies. Treatment to date has included psychotherapy and medications. On February 10, 2015, the treating physician noted the injured worker remained highly symptomatic with back and lower extremity complaints. The physical exam revealed she walked with a cane and significant left-sided limp, decreased lumbar range of motion in all planes, and normal lower extremity strength except for the extensor hallucis longus' were decreased. There was a pinprick sensation over the left calf at the medial aspect, absent bilateral patellar and Achilles reflexes, a positive left seated straight leg raise, and tenderness in the lumbar midline from lumbar 1 to the sacrum and the bilateral paraspinal muscles. The treatment plan includes a lumbar laminectomy at lumbar 4 with excision of the left synovial cyst. The requested treatments are a 3 day length of stay (LOS) and physician assistant for surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

2-3 Day length of stay (LOS): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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.

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 3 days, it exceeds what the guidelines endorse and is therefore not medically necessary.