

Case Number:	CM15-0235940		
Date Assigned:	12/11/2015	Date of Injury:	02/01/2012
Decision Date:	01/28/2016	UR Denial Date:	12/01/2015
Priority:	Standard	Application Received:	12/02/2015

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: Minnesota, Florida

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:

This is a 29-year-old male with a date of industrial injury 2-1-2012. The medical records indicated the injured worker (IW) was treated for lumbar radiculopathy; lumbar spondylosis; and herniated nucleus pulposus of the lumbar spine. In the progress notes (11-4-15), the IW reported low back pain rated 8 out of 10 with stabbing, burning, aching pain and cramping with pins and needles through both legs. He reported decreased sensation in the right leg. Medications were Percocet 10mg, Flexeril 7.5mg, Docuprene 100mg, Gabapentin 1200mg and Prilosec 20mg. On examination (11-4-15 notes), his gait was severely antalgic; a single point cane was used. There was a scar over the lumbar area and mild tenderness in the bilateral lumbar facets, worse on the right. Lumbar range of motion was decreased in all planes. Sensation was decreased in the L4, L5 and S1 dermatomes on the right. Dorsiflexors, plantar flexors and the extensor hallucis longus were 4+ out of 5 on the right. Treatments included activity modification, various pain medications and muscle relaxants, physical therapy, acupuncture, chiropractic therapy and microlumbar decompression (2013). The MRI of the lumbar spine on 10-11-13 showed degenerative disc disease and facet arthropathy with postoperative change at L5-S1 with retrolisthesis, L4-5 and L5-S1; mild bilateral neural foraminal narrowing at L4-5 and right lateral access narrowing at L5-S1 contacting the right S1 nerve root. The IW was permanent and stationary and was not working. Spinal fusion at L5-S1 was certified and the provider requested 7 days of in-hospital postoperative care. A Request for Authorization was received for length of stay (7 days). The Utilization Review on 12-1-15 modified the request for length of stay (7 days).

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: 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 (ODG), Treatment Index, 13th Edition (Web), 2015, Low Back - Hospital Length of Stay.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Low back, Topic: Hospital length of stay.

Decision rationale: The injured worker is a 29-year-old male with a date of injury of 02/01/2012. The surgical request for posterior lumbar interbody fusion TLIF at L5-S1 was certified by utilization review on 12/1/2015. An associated surgical request of 7 days hospital length of stay was modified to 3 days. The disputed request pertains to hospital length of stay for a posterior lumbar interbody fusion TLIF at L5-S1. ODG guidelines indicate the best practice target for hospital length of stay with no complications for a posterior lumbar fusion is 3 days. As such, the request for 7 days hospitalization is not supported. However, the IMR application as stated does not mention the number of days that are being requested. As such the medical necessity of the request cannot be determined.